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THE  
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A MONTHLY JOURNAL  
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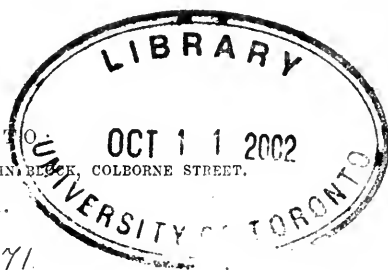
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*Selected Articles.*

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CASE OF ŒSOPHAGOTOMY.

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BY A. B. ATHERTON, M.D., FREDERICKTON, N. B.

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On the morning of June 8th, 1870, Annie D., aged 1 year 11 months, swallowed a New Brunswick-cent (one inch in diameter). Vomiting came on immediately, and lasted twenty-four hours. From this time up to June 13th, when she was first seen by me, she suffered from slight dyspnœa and choking cough, with hoarseness and indistinctness of utterance. Could only swallow liquids.

*Present Condition.*—Child healthy looking. Some feverishness. Tongue coated in centre and at posterior part with dirty-white fur.

On examination with finger, the edge of the coin, lying transversely in the throat, could be barely touched. The neighboring parts seemed swollen, so as to interfere with the discovery of the foreign body. Chloroform was given, and various attempts made with Œsophagotomy forceps (opening both laterally and antero-posteriorly) to extract it. A blunt hook, fastened to a watch-spring and whalebone, could not be

passed down beyond it. In these efforts I was assisted by Dr. Gregory, whose forefinger is considerably longer than my own, but both of us failed to extract the coin.

Want of success was largely due to the continual biting which the patient kept up while the finger was in the mouth. Even when fully under the influence of chloroform, the introduction of anything between the teeth was the signal for the commencement of a constant chewing. A piece of chamois skin around the finger made it scarcely more bearable. There was not room for the use of a gag together with finger and instrument.

Emetics were not tried, for it was thought that, if the severe vomiting which occurred soon after swallowing the coin did not dislodge it, they would not now succeed after its firmer impaction in the swollen soft parts. The operation of œsophagotomy was therefore determined upon.

The operation for removal was performed June 13th, five days after the impaction of the foreign body. Chloroform was given. A fold of skin on the left side of the neck was pinched up and a bistoury pushed through it. This gave an incision from two to two and a-quarter inches in length, lying to the inner side of and parallel to the sterno-mastoid. The upper part of the incision was on a level with or a little below the upper edge of the larynx, the lower end extending down to a point just above the end of the clavicle. On dissecting down, the internal jugular vein was seen on the outer side of the wound. This, with the carotid artery and the anterior belly of the omohyoid, was drawn on one side, while the thyroid gland and trachea were held to the other. About the middle of the wound, at its deepest part, the edge of the coin was felt through the œsophagus. A slight touch of the knife brought it into view, and, by means of dressing forceps and some enlargement of the incision, it was extracted.

During the operation, no vessel of any size was wounded, and no more than a drachm of blood lost.

Whole surface of wound sopped with a mixture of carbolic acid and water (1 to 4 or 5). One suture was put in the skin at the upper end of the incision. Wound to be dressed with one part alcohol to three of water. Three or four ounces of gruel, made with milk and strained through muslin, to be administered per rectum three times a day. Nothing allowed by mouth.

June 14.—Speech distinct since operation. Slight cough still. Wound gives exit to saliva and mucus. Enemata remain in rectum four or five hours. Patient is very clamorous for water. May have a teaspoonful occasionally. Continue the other treatment.

15th.—Somewhat restless and feverish. Can swallow a teaspoonful of water while lying on the back and inclined to the right side, with little or none escaping from the wound; the latter red and irritable-looking about the edges, and filled, as before, with saliva and mucus. Enemata come away as soon as given. Three ounces of milk-gruel, or two ounces of beef-essence, to be administered alternately, with the addition of six drops of tr. opii during the day and of ten drops during the night.

16th.—Slept well last night. Enemata now retained. General appearance better. Pulse 112. Omit opiate during the day; to be continued at night. May give a small quantity of milk from a teaspoon this evening.

17th.—Is able to walk across the room. Milk exudes from the wound when given. May have a gill of milk every day; also two or three teaspoonfuls of wine or brandy in water.

19th.—Doing well. Took more than half-a-pint of milk out of a teaspoon during the last twenty-four hours; very little if any escapes through the wound. May omit stimulants and opiate. Only two enemata to be given per day.

21st.—No milk has come from the wound since the morning of June 19th (being six days after the operation). Patient allowed to take a swallow or two of milk for the first time, while in an upright posture, and no increase of moisture noticed in the wound; a quart of it has been taken during the last twenty-four hours. Wound more healthy looking, and is contracting; suture removed. Milk and beef-tea to be allowed *ad libitum*. To be fed with a spoon while lying down. Omit enemata.

24th.—Gaining in flesh and strength. Slight cough still continues. Incision healing down as far as suture. Granulating surface an inch and one-third long and one-third of an inch at its widest part. Granulations touched with nitrate of silver. Omit the alcoholic wash and use the following:—

*R.* Ung. resinos. ʒij;

Ung. zinci ox. benz., ʒss.

*M.* To be applied twice a-day.

Patient may have all kinds of *liquid food*.

27th.—Cough has entirely disappeared. A mere line of granulations, three-fourths of an inch in length. May return home to country. To have ordinary diet after perfect healing of the wound.

July 9th.—Heard indirectly that the child was doing well.  
—*Boston Med. and Surgical Journal.*



## CASE OF IMPACTED CALCULUS IN THE URETHRA. EXTERNAL URETHROTOMY. RECOVERY.

BY M. F. GAVIN, M.D., F.R.C.S.I., &c., SURGEON TO OUT-PATIENTS, CITY  
HOSPITAL, BOSTON.

Henry M., a delicate lad, aged 10 years, born in South Boston and always lived there. Has had the diseases usual to childhood. No pump-water on the premises where he lives. About December, 1868, mother first noticed his water grow cloudy and thick, but free from blood, while the act of urinating caused intense pain in the region of the bladder, extending up towards the lumbar region. From January, 1869, until May of the same year, patient's general health failed, and incontinence of urine and severe "attacks of gravel" became frequent, when he entered the City Hospital under the care of my predecessor, the late Dr. Ropes, who failed to detect stone. Under treatment and rest he rapidly grew better, and left the hospital, feeling well. For some time after leaving the hospital he remained free from all symptoms of his trouble, except after severe exercise, when the pain in making water returned, and once or twice he suffered from retention, which was relieved by a hot bath.

Early in the autumn the "fits of gravel" returned, grew more severe, lasted longer, and were not relieved by the warm bath. About this time the patient had a very severe hæmorrhage

from the urethra, probably caused by a rupture of a small portion of the urethra from the great straining of the patient during an "attack of gravel."

My first visit to him was in January, 1870, when he was suffering from one of these attacks, of unusual severity, which had lasted more than two days at the time of my visit. Three days before my visit the lad took severe exercise in running and jumping off a shed fourteen feet high to the ground, and that night began to complain of pain in urinating, extending up the urethra, and passing only a few drops at a time. There was constant pulling of the prepuce; no sleep; hot and feverish; appetite gone.

It was evident something should be done, and at once, as the little fellow was in agony; the bearing-down pains were really distressing to bear, hardly leaving the patient for a moment, and unless something were done, the bladder, which extended almost up to the umbilicus, was in danger of being ruptured.

A warm bath was first tried, without any benefit; when I attempted to pass a No. 5 elastic catheter, but failed, owing to the pain and restless condition of the patient. The parents would not allow ether or chloroform to be given, preferring to wait a few hours before any operative measures were undertaken. After trying opiates and the warm bath for a few hours without relief, ether was given, when a foreign body could be felt filling the urethra about an inch in front of the bulb, which was shown, on passing a sound, to be an impacted stone. The parents preferred to have a consultation, when Dr. Thaxter was called in and gave me his valuable assistance during the operation.

An effort was first made to extract the stone with a long narrow forceps, but it failed. Dr. Thaxter held the stem firmly and drew back the scrotum, while an incision was made in the raphé just anterior to the scrotum: the stone was now pressed forward toward the cut and withdrawn by a forceps.

Very little bleeding followed the operation. A No. 5 elastic catheter was passed through the entire length of the urethra and retained by straps; the edges of the wound were brought together by two very firm silk sutures, with the expectation of obtaining union by first intention, as the wound did not differ from any ordinary flesh wound as long as the urine was not



allowed to come in contact. An opiate was ordered in case he became restless.

Jan. 17th, twenty-four hours after operation. Patient had a very good night, slept well; no occasion to give opiate. Free flow of clear urine through the catheter; not any through the wound. Pulse 88; no heat of skin or headache; tongue clean. Cold-water dressing and milk diet.

18th.—Slept well; no heat of skin or headache; pulse 70; tongue clean and moist; wound partly united; sutures removed. Catheter withdrawn and larger one (No. 6) put into the bladder, with considerable difficulty.

19th.—Pulse 104; skin hot; tongue moist and coated. No swelling or redness of the scrotum. Some pain in the right iliac region. A few drops of urine come through the wound. Catheter taken out. Cold-water dressing; liquid diet, and a saline purgative.

20th.—Pulse 68; tongue clean and moist. Bowels moved yesterday. Urine all came through the normal passage, without causing any pain.

21st.—Pulse 66; tongue clean; appetite good. Wound not quite healed; a few drops of urine came through this morning.

22nd.—General condition excellent. Passes water freely and without pain, a few drops escaping through the lower angle of wound. No 6 catheter passed and allowed to remain in for ten minutes. Wound touched with nitrate of silver.

From this time forth the patient did well, and was allowed his usual diet. Catheter (No. 6) was passed every third day for two weeks, when the wound was firmly united.

The unsettled state of many minor points in surgery was very well shown in this case.

1st. Was it better to remove the stone from that part of the urethra where its further progress was arrested, or to press it back towards the perinæum or membranous portion of the urethra? The latter proceeding is strongly advocated by Mr. Erichsen, who dreads the infiltration of urine taking place if the urethra is opened anterior to the scrotum, and if infiltration does not take place we are apt to have a fistulous opening remain. No doubt Mr. Erichsen's suggestion has the advantage, that if other stones are present Allerton's or the lateral operation for

stone may be done without waiting. On the other hand, if, as in the case reported, the stone is firmly impacted midway in the spongy portion of the urethra, to press it back to the membranous portion must lacerate the urethra, which is quite likely to be followed by infiltration of urine or organic stricture.

2nd. Was it better to pass a catheter after the operation, or allow the urine to come in contact with the fresh wound in the urethra? On this point systematic works on surgery have nothing to say, while practical surgeons differ in practice. In the case reported we think the healing process would have been slower if the urine had been allowed to come in contact with the wound.—*Boston Medical Surgical Journal*.

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## CASE OF POISONING BY WORM LOZENGES.

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BY BENJ. D. GIFFORD, A.M., M.D., GLOUCESTER.

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On Dec. 23rd, 1869, I was called to a child, three years old, who, two hours previously, had eaten seven "worm lozenges," judged to contain *santonin* as the medicinal ingredient. I found her in clonic spasms of the left side; pupils widely dilated and uninfluenced by light; respiration, much impeded, eighteen per minute; a viscid, frothy mucus issuing from the mouth at each expiration. The spasms involved every muscle on the left side of the body. The face was twitched into frightful contortions, and *pleurosthotonos* was developed every other second. Pulse fair, 160 per minute. No ability to speak or move. She had vomited freely before I saw her. I endeavored to produce emesis with *ext. ipecac. fl.* and by tickling the fauces with a feather, without avail. I then gave her *chloroform* gtt. v. every fifteen minutes; also injections of diluted whiskey. In course of an hour the spasms began to yield and the pupils to respond to light; at the end of two hours she was perfectly quiet. I directed the *chloroform* to be continued should the spasms return, and left. An hour afterwards they did return, and I was again called. I found her worse than ever. Instead of the muscles of one side, both were involved in the spasmodic

action. The pulse was so fast and fluttering that I could not count it. Respiration was very laborious, with mucous râles throughout both lungs. I continued the chloroform, with an addition of tinct. opii gits. v., every twenty minutes; also small injections of whiskey. At the end of an hour and a-half the spasms entirely abated, and the patient slept from 8.30 to 11 p. m.; she then awoke conscious, drank some beef-tea, then slept till morning, when she was apparently as well as usual.

A similar case is reported in the *Annale de Thérapeutique* for 1852 (see U. S. Dispensatory, eleventh edition, article Santonin), after what was considered an overdose of santonin, but which afterwards proved to be strychnia. The symptoms were the same in my case, though instead of cold sweats the body was preternaturally hot and bathed in perspiration. I never suspected strychnia at the time, nor till I had seen the later edition of the Dispensatory. I then subjected one of the lozenges to analysis, by powdering it on a clean porcelain surface, drenching it with sulphuric acid, and adding a small crystal of bichromate of potassa. After a few minutes the characteristic purple or violet color was produced, showing the presence of strychnia. The color was of precisely the same shade, though less distinct, as that produced by the same experiment with a specimen of Rosengarten & Sons' strychnia. Hence I conclude that the case was in reality one of an overdose of strychnia, and that the santonin played no part in producing the symptoms. I suppose the admixture of strychnia with santonin is purely fortuitous; but it behooves the manufacturers to carefully test their santonin before sending it out, for in this case it was far from being "positively safe."—*Ibid.*

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NEW TEST FOR ARSENIC.—Bettendorf has found a test so delicate, that one part of arsenic in 1,000,000 parts of solution may be detected, and the presence of antimony does not affect it. To apply this test the suspected liquid is mixed with hydrochloric acid until fumes are apparent. Chloride of tin is then added, and a basic precipitate containing the greater part of the arsenic as a metal mixed with the oxide of tin is thrown down.

## A SIMPLE, CHEAP AND EFFICIENT SUBSTITUTE FOR THE STOMACH PUMP.

BY JOHN T. HODGEN, M.D., PROFESSOR OF ANATOMY, ST. LOUIS  
MEDICAL COLLEGE.

About a year ago, I had a case of stricture of the œsophagus, so narrow that my patient could not swallow even liquids. To sustain life I resorted to a small stomach tube (a gum catheter, in fact), as a means of injecting liquid nourishment; to this I fixed the elastic tube of one of Davidson's syringes.

On one occasion the vessel containing the liquid happened to be higher than the patient's stomach, and I observed, while the syringe was not being used, that the liquid continued to flow into the stomach—the action being that of a syphon. I at once, to test the syphon, substituted a simple elastic tube for the syringe, and found the stomach could be as readily emptied as filled. Thus I conceived the idea of using a syphon instead of a stomach pump, and have used the same in a case of poisoning, recently, with the most complete success.

I attach four feet of India-rubber tubing to a stomach tube, fill both with water by simply dipping it in the liquid end first, then compressing the elastic tube between the thumb and finger to keep the fluid from running out, introduce the stomach tube, lower the outer end of the elastic tube, and the contents of the stomach pour out as readily as if from an open vessel. When the fluid ceases to flow, I dip the outer end of the tube beneath the surface of water, elevate the vessel containing it, and the stomach is soon filled; lower again the outer end of the tube, and the stomach is emptied. This can, of course, be repeated as often as is necessary.

The advantages claimed for this simple contrivance are, that it may be almost always improvised, is of speedy and easy application, has no valves to become obstructed or deranged, and is less expensive than a stomach pump.

The same principle may be applied in injecting fluids into the bowels, as indeed it has been for injecting into the bladder, uterus and vagina.—*St. Louis Med. and Surgical Journal.*

THE TREATMENT OF CARBUNCLE.

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Mr. Paget has given, in a recent clinical lecture, an admirable summary of his opinion on the treatment of carbuncle. He gives an outline of the general mode of treatment, and criticises it severely. With reference to incisions which are made to prevent the spreading of the carbuncle, he expresses a doubt as to the efficacy of this method in early stages, and has little faith in it after three or four days of the existence of the disease. "I have," he said, "seen carbuncles spread in as large a proportion of cases, after incisions, as in cases that have never been incised at all. I have in my mind a striking case that occurred to me early in practice when I followed the routine, and a friend of my own divided the carbuncle most freely. I cut it after the most approved fashion in depth and length and width, and then it spread. After two or three days more all the newly-formed part was cut as freely as the first, and then it spread again, and again it was cut as freely. Then it spread again, and was not cut. Then in a natural time it ceased to spread, and all went on well." . . . "On a very strong general impression, however, I say that carbuncles will spread after cutting, in as large a proportion of cases, as they will spread in without cutting." In reference to the supposed relief of pain by incision, and the alleged acceleration of the healing powers by this operation, Mr. Paget expresses grave doubts; indeed, in regard to the latter, he distinctly states that the "healing without incisions is very clearly, and certainly a deal the quicker." In regard to very high feeding and the use of stimulants in large quantities, Mr. Paget states his belief that this practice is mistaken, and he recommends that the patient be allowed instead only about two-thirds of his ordinary supply of food. His method of treatment is briefly as follows, and consists in doing very little at all. In local treatment, the best thing, he says, is, if the carbuncle be small, to cover it with *emplastrum plumbi*, with a hole in the middle through which the pus can exude and the fine slough can come away. For a large carbuncle he recommends the common resin cerate: "this should be spread large enough to cover the whole carbuncle, and over it should be laid a poultice of half linseed meal and

half bread." The carbuncles, too, must be carefully washed with Condyl's fluid, or weak carbolic acid, and the cavities may be syringed out with it. Bark, &c., then may be given, but he thinks needless; opium must be given, especially in the earlier stages, and above all things fresh air and exercise must be allowed to the patient. Mr. Paget does not think the disease a very fatal one, for, out of 400 cases of his own, only four died.—*Lancet*.

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### PROPHYLAXIS OF SCARLET FEVER.

Mr. Amos Beardsley, of Grange, Lancashire, sends us an important note respecting a method of arresting the spread of scarlatina, which he has found very valuable. When a patient suffers from scarlatina, he is to be washed all over, once or twice a-day, with diluted carbolic acid. Mr. Beardsley says that in no case in which he has tried it with the first case in the house, has there been any further spread of scarlatina in the family. For example, about a year ago he had a girl, seven years old, under his care, one of a family of five; she was attacked with well-marked scarlatina, and was immediately ordered to be systematically sponged with carbolic acid—one drachm to a pint of water. Also the rest of the household were desired to put carbolic acid into their washing water. Although there were no means of properly separating the other children from the invalid, none of them took the fever; the one patient was severely ill, and scarlatina was in all the surrounding villages, and in remote parts of the village where the family lived. Mr. Beardsley has now had so much experience, as to be convinced that this plan is most useful in preventing the emanation of contagious influence from patients, especially during the desquamating stage. We shall hope to give a more extended account of the results he has obtained, on a future occasion.—*Practitioner*.

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"I suppose," said a quack, while feeling the pulse of a patient who reluctantly submitted to solicit his advice, "I suppose you think me a bit of a humbug?" "Sir," gravely replied the sick man, "I was not aware until now that you could so readily discover a man's thoughts by feeling his pulse."

## NEW METHOD OF TREATING CONFLUENT SMALLPOX.

*L' Abeille Médicale* says:—"M. Chauffard has recently made the following communication to the Société Médicale des Hôpitaux:—"The treatment of which I have to speak consists in the employment of large doses of crystallized phenic (carbolic) acid, a therapeutical agent whose efficacy in the secondary fever of severe confluent smallpox—a secondary period when, as is well known, the majority of patients attacked by severe confluent smallpox succumb—appears to me established.

"'To judge the more clearly of the efficacy of this remedy,' says M. Chauffard, 'I have used it exclusively in five cases of absolute severity, and, to my great surprise, in all these cases I have observed the rapid disappearance of the intense febrile phenomena, and of the symptoms of suppuration. Only one of these five cases died, but at the time of his death he had been convalescent a fortnight.'

"The dose of the medicine adopted was one gramme (15·4 grs.) of crystallized carbolic acid in a mixture of four or five ounces, to be taken in the course of the day. The treatment is completed by the application of carbolic acid lotions externally."

Our readers will remember that our Lyons correspondent, in his recent letter, adverted to this treatment.—*Dublin Medical Press and Circular.*

## ACUTE RHEUMATISM AND ITS TREATMENT.

The Hospital Report of the recent numbers of the *British Medical Journal* contains a summary of the methods of treating acute rheumatism, in vogue in the London hospitals. At Guy's Hospital, Dr. Wilks has tried various forms of treatment with nearly the same results, and he believes that the remedy remains to be discovered; the main point, he thinks, for consideration, is the discovery of that treatment which will bring the patient through without implication of the heart, and this has not yet been arrived at. In treating private cases, besides administering aconite, as mentioned in his recent paper in this



journal, he prescribes the saline of acetate and nitrate of potash, with an opiate at night, occasional blisters to the joints to relieve pain, and flannel next the skin. At St. George's Hospital, Dr. Fuller pushes the alkali treatment to its fullest extent, to the point of producing alkalinity of the secretions. Dr. Fuller thinks that the failure of the alkaline treatment has been due to the want of discrimination between true rheumatic fever and rheumatic gout. In the latter the alkaline remedies have little effect; in the former they are beneficial. In the true rheumatic case, Dr. Fuller prescribes both soda and potash, to the extent of two drachms every three or four hours, till the urine is rendered alkaline. Dr. Fuller usually prescribes two ounces of the *haustus ammoniæ acetatis* of the Hospital Pharmacopœia, with one drachm and a-half of bicarbonate of soda, and half a drachm of acetate of potash; and this he orders to be taken in a state of effervescence, in combination with half a drachm of citric acid dissolved in two ounces of water. When the urine is alkaline, the dose is given only three times in the twenty-four hours, and on the following day only twice. Subsequently two grains of quinine are added to each dose; if quinine cannot be borne, the bark preparations are used. From day to day the urine is examined, and, on the appearance of acidity, alkalies are again administered in sufficient quantity. Solid food must not be given. Dr. Barclay also adopts the alkaline treatment. At the Royal Infirmary, Edinburgh, Dr. Laycock also employs the alkaline method, giving drachm doses of either carbonate or nitrate of potash every three or four hours. Calomel and opium are also administered. At St. Bartholomew's Hospital, Dr. Farre adopts the alkaline method. At St. Thomas's, the same may be said of Dr. Peacock's treatment. At King's College Hospital, Dr. Johnson uses the alkaline remedies in a mild degree, but he insists on the use of opium, and the plan of wrapping the patient in a loose soft flannel dressing-gown; hot-air baths he also thinks of service in some cases. At Middlesex Hospital, Dr. Goodfellow adopts the alkaline method. At Westminster, Dr. Fincham has reliance on blisters, but he also gives alkalies, though to less extent than is recommended by Dr. Fuller. Dr. Basham also adopts the alkaline method, but he gives opiates to relieve the pain, and

urges attention to the intestinal discharges. In a letter, commenting on the reports which contain the above summary, Assistant-Surgeon A. Myers, of the Coldstream Guards, recommends: (1) That in all cases the patient should wear a flannel garment, and be laid between blankets. (2) That a thick layer of cotton wool should be wrapped round the tender joints, and covered with flannel bandages; and (3) that milk and potass or soda-water should be the chief article of diet.—*Practitioner*.

[We have found a mixture of equal parts of potass-bicarb. and potass-nitras. say three drachms of each, to the 8 ounce mixture, answer exceedingly well in most cases.]—Ed.

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### FOREIGN BODY IN THE CHEST.

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Dr. Snyder, in the *Chicago Examiner*, reports the following strange case of tolerance of a foreign body in the thorax, and its spontaneous removal:—

James Thompson, sixty years of age, stout and robust, usually, of active habits, suddenly commenced declining in health, without apparent cause. When I was consulted, he had been, as he expressed it, “under the weather for five or six weeks.” His symptoms were a troublesome, dry cough, furred tongue, loss of appetite, emaciation, hectic night-sweats, and pain in the right side. Previous to the initiation of this train of symptoms, which he attributed to “catching cold,” he had always enjoyed excellent health, “excepting,” as he said, “occasional twinges of rheumatism, for the last dozen years, under the right shoulder-blade,” whenever he exerted himself at any kind of manual labor.

The chest examined, revealed a portion of the right lung, two or three inches in diameter, just below the nipple, entirely impervious to air, and all the organ below that, very dull, on percussion. The left lung was evidently healthy, though over-taxed by its vicarious labor.

The *diagnosis* suggested was *circumscribed pneumonia*, originating, perhaps, in the increasing size and consequent pressure of some isolated tubercular mass. (I will here state that the

patient's wife died a few years before of *phthisis*, and it is possible I was influenced in my conclusion by a vague idea of the contagious theory of that disease.)

The *treatment* ordered consisted of stimulating expectorants, mineral acids, and counter-irritants. For four weeks more the case continued without change, save a gradual aggravation of all the symptoms, increased dyspnœa, and free expectoration, when one day, in a hard paroxysm of coughing, the patient threw up, from the right bronchia, an ounce or two of pus and a hard substance, which attracted his attention, by the force with which it struck the floor. On examining the substance, it proved to be the *point of a knife-blade*, an inch in length, half an inch in width, and weighing half a drachm. The fragment of steel was much corroded and pitted by oxydation.

The patient now remembered a circumstance he had entirely forgotten—that *twelve years* before this, in a street fight, at Beardstown, in which himself and several others had been engaged, he had been “stabbed in the back, about the lower point of the shoulder-blade,” but as the wound gave him no pain and soon healed, he had no suspicion that any part of the blade had remained imbedded in his body. The true pathology of the case was now manifest, and the patient rapidly recovered his health.

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ABERNETHY'S DISLIKE TO UNNECESSARY TALK.—People who came to consult this eccentric man took care not to offend him by bootless prating. A lady on one occasion entered his consulting room, and put before him an injured finger, without saying a word. In silence Abernethy dressed the wound, when instantly and silently the lady put the usual fee on the table and retired. In a few days she called again, and offered her finger for inspection. “Better?” asked the surgeon. “Better,” answered the lady, speaking to him for the first time. Not another word followed during the rest of the interview. Three or four similar visits were made, at the last of which the patient held out her finger free from bandage and perfectly healed. “Well?” was Abernethy's monosyllabic inquiry. “Well,” was the lady's equally brief answer. “Upon my soul, madam,” exclaimed the delighted surgeon, “*you are the most rational woman I ever met with.*”—*Jefferson's Book about Doctors.*

CHLOROFORM VERSUS ETHER.

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So many deaths from chloroform have lately been reported that the question: Have we any safer anæsthetic? becomes more and more important both to the profession and the public. Boston unhesitatingly says yes, *Ether*, and as our medical brethren of Boston are honorable men, we might ask why is the use of ether confined almost exclusively to Boston. The fact is that the denunciations of chloroform and the laudatory reports of ether, by Bostonians, are considered by the profession generally, as unfair and unreliable. Nor is ether used exclusively even in Boston. Dr. Storer, in the *Journal of the Gynecological Society* of Boston, for April, is decidedly in favor of chloroform in obstetric practice. He also gives it as his opinion that the mixture of chloroform and ether, equal parts, is more dangerous than chloroform alone, and goes on to state that he "was not sure but that he should entirely discard the use of ether, as has been done in almost every place in the world save Boston. There might be, there undoubtedly was, a slightly greater risk of life, when we came to examine into tables of thousands of cases, but in comparison with the many other risks, as of increased retching, etc., etc., greater with ether, and very positive oftentimes in their disastrous results, he thought the balance in favor of chloroform."

He instances two cases of death from ether, and promises that in a future number, he will "give an incontrovertible statement of deaths from sulphuric ether \* \* so detailed and presented as to warrant the assertion that, in proportion to the number of instances of their respective use in the world \* \* the inhalation of sulphuric ether for anæsthetic purposes is in reality more deadly and unsafe than that of chloroform."

We believe, however, that it will be found that the danger generally lies in the physiological condition of the patient at the time of administration of the anæsthesia, and not in the particular anæsthetic used, and that fear, the dread of the operation or its consequences, is the agent, above all others, which produces the physiological condition most conducive to death from anæsthetics.

When the patient exhibits no fear for the operation, I have none in administering chloroform. When the patient exhibits

great fear, I administer the chloroform slowly and cautiously, believing that the shock of a full breath of the undiluted vapor of chloroform to a very nervous patient, may and often does produce death, while it would be quite harmless to the same individual, in the absence of the nervous condition which is due to the fear of the operation. We do not wish to be understood to say that there are not pathological conditions in which the use of chloroform or ether would be very dangerous; but, that the majority of deaths from anæsthesia are due to physiological conditions, is evident from the history of the reported cases. For instance, many of the reported cases of deaths from chloroform have occurred when the anæsthesia was administered for the extraction of teeth, the subjects being generally females, while few if any accidents, when the anæsthesia is administered in obstetrics. Yet there is no comparison between the suffering and exhaustion accompanying the two conditions, on the other hand the fear and nervous excitement is much greater when a tooth is to be extracted than at the approach of labor.—*Oregon Med. and Surg. Reporter.*

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## HOW TO CURE A COLD.

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The following is from a lecture by Dr. G. Johnson, the Professor of Medicine in King's College:

The exciting cause of a catarrh, in the great majority of cases, is a chill, or some unknown atmospheric influence, which tends to suppress the action of the skin. The popular domestic treatment consists in the use of a hot foot bath at bed time, a fire in the bed room, a warm bed, and some hot drink taken after getting into bed, the diaphoretic action being assisted by an extra amount of bed clothes. Complete immersion in a warm bath is more efficacious than a foot bath, but the free action of the skin is much more certainly obtained by the influence of hot air—most surely and profusely, perhaps, by the Turkish bath. The Turkish bath, however, is not always to be had, and, even when available, its use in the treatment of catarrh is attended

with some inconvenience. In particular there is the risk of a too speedy check of the perspiration after the patient leaves the bath. On the whole, the plan which combines in the greatest degree efficiency with universal applicability consists in the use of a simple hot air bath, which the patient can have in his own bed room. All that is required is a spirit lamp with a sufficiently large wick. Such lamps are made of tin, and sold by most surgical instrument makers.

The lamp should hold sufficient spirit to burn for half an hour. The patient sits undressed in a chair, with the lamp between his feet, rather than under the chair. An attendant then takes two or three blankets, and folds them round the patient from his neck to the floor, so as to enclose him and the lamp, the hot air from which passes freely round his body. In from a quarter to half an hour there is usually a free perspiration, which may be kept up for a time by getting into bed between hot blankets. I have myself gone into a hot air bath suffering from headache, pain in the limbs, and other indications of a severe incipient catarrh, and in the course of half an hour I have been entirely and permanently relieved from these symptoms by the action of the bath.

Another simple and efficient mode of exciting the action of the skin consists in wrapping the undressed patient in a sheet wrung out of warm water, then, over this, folding two or three blankets. The patient may remain thus packed for an hour or two, until free perspiration has been excited. Let me impress upon you that the sweating plan of treatment, to be successful in cutting short the disease, must be adopted early—I mean within a few hours from the commencement of the symptoms.—*British Medical Journal.*

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The following treatment has been found very useful in Tonsillitis:—Bicarbonate of Potash 1 scruple, Tr. Guaiacum  $\frac{1}{2}$  drachm, Aqua Mucilaginosæ 1 ounce; to be taken with 15 grains of Citric Acid, in a state of effervescence. Tr. Iodine 20 minims to the ounce of water, to be used as a gargle.

OPERATION FOR RADICAL CURE OF HERNIA.

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Mr. H. D. S., aged thirty-five, presented himself for operation Nov. 10th, 1869. He had inguinal hernia of right side, two years duration; it was not large and did not extend to the scrotum.

Chisholm's plan was chosen and aimed to be followed; but not having his description at hand, an imperfect memory of it allowed considerable departure of the operation from his.

A vertical line is drawn on the skin across the centre of the ring; then a curved hollow or tubular needle is entered at the lower edge of the ring, in this line, and carried under the skin a little past the margin of the abdominal column of the ring. Then the point of the needle dipped down through the wall of the ring, passed from below upwards through the wall again. But as the needle's point came to the skin, this integument was drawn over toward the needle so it should make its exit through the skin in the vertical line. The needle is now armed with silver wire and withdrawn, leaving the wire in the track made by the needle. The motion of the needle under the skin is much like that of the shoemaker's awl when he takes a stitch in leather. The unarmed needle is next re-introduced in the same opening made at first, pierces the opposite column in like manner as before, and passes out at the same second opening through the skin. The needle is again armed with the upper end of the same wire and brought through the needle's track in the poupartic column. These stitches include about three eighths of an inch of the column on either side. The sutures are now tightened, twisted, cut short and retracted under the skin through the opening, and the work is done.

Six months have now passed with no return of the hernia.

A re-perusal of Chisholm's plan shows this difference: He carries the fundus of the scrotum on the finger into the ring, and includes the scrotal facia in the suture. In his operation each column of the ring was only once transfixated, which allowed him more freedom of the needle; mine twice transfixated the columns.



One feature occurred which somewhat embarrassed the expertness of the operation. The needle being passed first through the inner or abdominal side of the ring, is accomplished easily enough. But the poupartic column is so unyielding, and holds the needle so firmly, it prevents the ready manipulation of the point, and bringing out at the upper aperture in the median line of the skin. It is quite likely this difficulty may be avoided by commencing the operation on the poupartic side.

Twenty-four hours after the operation, the pulse rose to 120, with a white tongue, some local tenderness and hardness.

Water dressing and half a grain of morphine every six hours relieved these symptoms; and in twenty-four hours more the frightful foreboding of peritonitis disappeared. No motion of the bowels occurred for eight days, when an enema secured it.—*California Gazette.*

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## EXTRA-UTERINE FÆTUS EXTRACTED BY THE OPERATION OF LITHOTOMY.

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BY JOSEPH BOSSUETT, MEMBER OF THE MEDICAL SOCIETY  
OF MASSACHUSETTS.

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In the month of October, 1807, Mrs. Coleman, of Braintree, found herself in a state of pregnancy, attended with uncommon distress, and some pungent pains shooting from the hypogastric to the epigastric regions. She continued in that way until the latter part of the ensuing spring, when she had all the symptoms of a true travail. She sent immediately for an accoucheur, who, not being able to come at the child by the natural passage, ordered large doses of opium, with the injunction to repeat them as often as the pains recurred. A fortnight after that the pain abated \* \* \* the time I suppose the child died in the abdomen. She was for two months afterward very much troubled by a disagreeable sensation, which she called drawing.

The abdomen swelled to a very large size, which after some time gradually subsided. The three succeeding years she passed without much distress, but at the end of that time she began to experience very acute pains attended with evacuations, by the

urethra, of a matter sometimes of a yellow cast, sometimes bloody and of a very foetid smell, and voided in the same time, by the same canal, some very small bones. A communication also took place between the bladder and rectum, so as to let the fæces and urine pass either way.

During five years before my first visit to her she experienced the most excruciating pain night and day. Having been informed of my recent arrival from Martinico, with my family, and that I resided in Hingham, she sent for me the 20th of May, 1816. I visited her the same day, and after a critical examination found the child in the bladder (mostly in the bladder and partly in the abdomen), crusted over with a calculous matter. Considering her in a dangerous situation, I advised her to submit to the operation of lithotomy as the only means of relieving her from her sufferings. She readily consented to it, and the operation was performed by me, the 17th of June, 1816, attended by Doctors Noah Fifield, of Weymouth, and Robert Thaxter, of Dorchester, two respectable members of the Medical Society, in whose presence one hundred and forty-six bones of a fetus, about seven months old, were extracted, together with a stone about the bigness of an olive. She has since entirely recovered, and enjoys at present a perfect state of health, without any pain whatever; but the communication between the bladder and the rectum is not yet wholly obliterated.—*Medical and Surgical Reporter*.

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## DIGITAL COMPRESSION.

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On the 21st June, at the request of Dr. Drake, the following gentlemen, students of McGill Medical Faculty and at present attending the practice of the Montreal General Hospital, kindly volunteered their services in the trial of digital compression for the cure of aneurism, viz., Messrs. Morrison, Reid, Johnston, Locke, McConkey, Mathieson, Wright, Webb, McLaren, Duncan, Sutcliffe, Walton, Nelson and Gunsolus. It was arranged that they should attend in pairs to be relieved every two hours, and each man to exercise compression for fifteen minutes at a time.

The work was begun at 6 p.m., Wednesday, June 21st, each Student being fully instructed as to how to proceed. The patient at times for the first thirty hours suffered most agonizing pain in the tumour or calf of the leg, and had to be given repeated opiates to keep him quiet. After this, however, the pain quickly subsided, and at 9 o'clock Friday morning the pulsation was found to have entirely ceased, the compression being then in operation thirty-nine hours. It was continued on for thirteen hours longer, making in all fifty-two hours, when it was thought unnecessary to proceed further, a cure having evidently been effected. The most careful examination of the tumour failed to discover the slightest pulsation, though there is very little difference in its size from the first, but as dense and resisting to the feel as a fibrous tumour.

June 24th.—Patient rested well for the past two nights; can move the leg about with the greatest ease; knee, however, stiff and cannot be extended; no pain at any time; health improving; appetite good; thigh tender from the pressure: patient anxious to sit up.

July 1st.—Discharged from hospital, tumour apparently not decreasing in size: no pulsation; health and spirits of patient improving rapidly; ordered to use stimulating linaments and the cold douche to the knee, which continues stiff and slightly bent on the thigh.

July 17th.—Reported himself to-day; is rapidly gaining full use of the leg; looks greatly improved in health; is told that he may resume his work to-morrow.—*Canada Medical Journal*.

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## METHYLIC ETHER AS AN ANÆSTHETIC.

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At the Medical Society of London, Dr. Richardson made a second communication on the application of methylic ether as a general anæsthetic. Methylic ether is made by mixing one part of sulphuric acid with two of pure methylic alcohol, and applying heat. The ether passes over as a gas, having an ethereal odor, and a vapor density of 23, taking hydrogen as unity. To

fix the gas, Dr. Richardson passes it slowly through pure ethylic ether, of specific gravity .730, and boiling point of  $95^{\circ}$  Fahr.: the gas is being absorbed for several hours, and the result is an ethylic ether saturated with methylic. This is the fluid employed for anæsthesia. Two drachms of the fluid are poured upon domette in a simple mouthpiece, which also covers the nostrils, and the vapor from the surface of the domette is directly inhaled. Dr. Richardson reported eleven cases of tooth extraction in which he had successfully anæsthetized with methylic ether, at the National Dental Hospital; and since Monday, March 14, Mr. Gregson has used it at the Dental Hospital of London, also with great success. Two peculiarities, at least, may be mentioned, as pertaining to the action of the new narcotic: (1) That it produces quick relaxation of the muscles; (2) That while the patients under its influence are unconscious of pain, they are capable of performing what appear to be conscious acts, which acts, on recovery, are entirely forgotten. The anæsthetic sleep is induced usually within a minute and a half, recovery being perfected as quickly; in no period of the anæsthetic sleep is there asphyxia, and the pulse undergoes little alteration. In short, from the experience as yet obtained, there is promise that, for short operations at all events, methylic ether will fill an important place in our list of remedies. The chemical composition of the ether is  $(CII_3) 2O$ .—*British Medical Journal*.

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## COMPOUND FRACTURES.

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At a meeting of the Medical Society of London, held December 6th, Mr. Sampson Gamgee read a paper on compound fractures.

He preferred to our own the French division into simple and complicated fractures, the latter including swelling and wound. A fracture with a penetrating wound may be and often is a less important injury than what is commonly called a simple fracture, though accompanied with much bruising of the soft parts, and consequent swelling. In all cases if the limb is to be saved, the author recommends adherence to the same principle

of treatment, immediate reduction, immobility and compression; soft pasteboard splints are the agents chiefly relied on, but to be efficient they must cover indeed the joint above as well as below the seat of fracture—a principle firmly inculcated by Percival Pitt, who was erroneously held to be the advocate of position against splints. On the great value of pasteboard splints, the sound practical teaching of Jean Louis Petit was contrasted with the fanciful objection of Malgaigne. The fallacy of John Bell's objection, and the use of compressing bandages in fractures were fully exposed, and a number of cases were adduced to illustrate the author's practice, amongst them one of compound fracture of the ankle-joint, in which complete recovery followed excision of the astragalus and the application of a compressing pasteboard apparatus, only opened for the dressing of the wound once in nine days. Referring to Professor Lister's carbolic acid treatment, Mr. Gamgee said: "Until the distinguished surgeon whose intimate friendship during the whole of my studentship I shall deem one of the greatest happinesses of my life, thinks well to publish his views and experience in a collected form, it will not be possible to examine them with that completeness and impartiality which his character and position, no less than the importance and difficulty of the subject deserve; but having read all that the Edinburgh Professor has hitherto published, and having seen his practice, with the advantage of his personal exposition in the Glasgow Infirmary, I do not hesitate to say that, so far as I am able to judge, the practice of introducing pure carbolic acid into the innermost recesses of a compound fracture is a mistake."—*Medical Press & Circular*.

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TREATMENT OF CROUP.—Dr. Fabius, of Amsterdam, employs neither antimony, calomel, nor blood-letting in Croup. The chief object is to avoid debilitating remedies as far as possible. Ipecac is as good an emetic as antimony; other purges are equally efficacious with calomel; bleedings are unnecessary. An emetic, a warm poultice to the neck, and a quantity of warm steam in the room, are his "abortive" measures.—*Lancet and Observer*.

## REDUCTION OF PROLAPSED FUNIS BY THE POSTURAL METHOD.

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The following case is narrated by Dr. Brunton:—

“On October 26th, 1869, I was called to attend Mrs. H., aged twenty-seven, in labor with her first child. She had been ill for ten hours, and her pains were active, occurring every few minutes. On examination, I found the os uteri dilated to the size of a crown-piece, the head presenting, a bag of membranes protruding, and in this bag was a loop of funis. This I deemed it proper at once to reduce, in case pulsation still existed, though I had not detected it through the membranes. Placing the patient on her knees in bed, with her head as low as she could put it, I partly introduced my hand into the vagina, ruptured the membranes, and just as pain came on I pushed up the loop (now about six inches long) alongside the head; and, as the head was pushed down by the pain, the cord was reduced. No prolapse afterwards occurred. Some hours afterwards, I delivered the child by forceps, on account of a very narrow pelvic outlet. The child was dead. The mother had not felt any fetal movements for several days. The placenta was calcareous, and in some parts fibrous; during labor, as the liquor amnii escaped, it was thick with meconium. The mother made a good recovery. By withholding fluid, and allowing a liberal supply of ice, to allay her thirst, little or no milk formed in her breast.”—*British Medical Journal*.

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GOOD ADVICE.—In a trial at the Old Bailey, the other day, a Surgeon was indicted for having feloniously assaulted a woman whilst she was under the influence of chloroform. The evidence rested mainly on the statement of the woman herself, and the jury were evidently against the prisoner. The judge, however, fortified by Medical evidence, summed up in his favor, and the prisoner was acquitted. On leaving the bar, his lordship advised the prisoner never to administer chloroform to a patient unless in the presence of a third person, a piece of advice applicable to all members of the profession.—*Medical Times and Gazette*.

## AMPUTATION AT THE ANKLE-JOINT.

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Stephen Smith, M.D., of New York, in the *Physician and Pharmaceutist*, reports two successful cases of this operation, and remarks that amputation at the ankle-joint has not received that consideration from surgeons in this country which its real merits deserve. Unless the conditions are entirely favorable for a Syme's or a Pirogoff's operation, we too frequently amputate above the knee-joint. The great virtue of the operations bearing these distinguished surgeons' names, does not lie in the peculiarity of the flaps, but in the fact that, by disarticulation, the stump has for its base the broad extremity of the articular surface of the tibia. This bone, whether covered by the integuments of the heel, or sides of the ankle, or dorsum of the foot, or united to a fragment of the os calcis, is adapted to direct pressure in locomotion. In this fact alone we have the intrinsic merit of ankle-joint amputations. It should be a fixed principle in surgical practice, therefore, that whenever the integuments in the vicinity of the ankle-joint can be so shaped as to cover the end of the bone, amputation must be performed at, rather than above, the joint.—*Compendium of Med. Science.*

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## AMPUTATION AT THE KNEE-JOINT.

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In the January, 1870, number of the *American Journal of the Medical Sciences*, Dr. Stephen Smith, of New York, recommends a very ingenious form of incision in this operation. He says:—

It is evident from the results of the different methods of operation, that the long anterior flap and the lateral flaps combine the advantages which we seek, both in drainage and the position of the cicatrix, and yet each has certain disadvantages. In several recent amputations at the knee-joint, I have endeavored to combine the good features of the long anterior flap and the lateral flaps, without their objectionable points. The operation is performed as follows: The incision is commenced about one inch below the tubercle of the tibia, and carried downward and



forward over the most prominent part of the side of the leg, until it reaches the under surface, when it is curved toward the median line. When that point is reached, it is continued directly upward to the centre of the articulation. A second incision begins at the same point as the first, and pursues a similar direction upon the opposite side of the leg, and meets it in the median line on the posterior part. The following precautions should be remembered, viz: the incisions should incline moderately forward down to the curve of the side of the leg, to secure ample covering for the condyles, and that upon the internal aspect should have additional fullness for the purpose of insuring sufficient flap for the internal condyle of the femur, which is longer and larger than the external. In the dissection, the skin, fascia, and cellular tissue are raised, and the ligamentum patellæ divided, allowing the patella to remain. The ligatures are all drawn out of the posterior angle of the flaps.

In the appearance of the flaps, immediately after disarticulation, it will be noticed that the extremity of the femur is already completely covered, and the line of union of the flaps will be between the condyles and over the inner-condyloid notch. When cicatrization is complete, the cicatrix sinks into this notch and disappears from the face of the stump, and offers no point of contact with the artificial appliance. The appearance of the stump on recovery is good.

In the process of repair, it will be found that the drainage is so perfect, that all the anterior portion of the wound remains dry, and frequently heals by immediate union.—*Ibid.*

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Dr. Charlton, of the Newcastle Infirmary (*Brit. Med. Journal*), has found Creasote so uniformly successful in checking the vomiting which sometimes occurs in Bright's disease, that he has diagnosed this malady where other symptoms were absent, by the cessation of vomiting under that remedy. As another diagnostic sign, he states that "tenderness on pressure of the pneumogastric, in its course through the neck, is evidence of inflammatory disease of some of the organs to which it is distributed, whether it be stomach, lung, spleen, liver, or kidneys." If only one side be affected, the nerve on that side will alone be tender.—*Lancet and Observer.*

### ITCHING (PRURITUS) OF THE ANUS.

Prof. Van Buren, in a clinical lecture (*N. Y. Medical Gazette*, March 12, 1870), says:—There is a form of eruption, called by Von Hebra “eczema marginatum,” with elevated edges and well defined margin, which has existed in the most obstinate cases of pruritus of the anus I have encountered. If you rub these scurfy margins with a little glycerine thoroughly, and then scrape off a drop with the edge of a dull scalpel and place it upon a slide under the microscope, you will recognize the spores of a parasitic plant, which is growing like a weed in the diseased scarf skin. If you kill this vegetable growth, the chronic inflammation of the skin will straightway get well; and to do this, use the solution of Sulphurous Acid as prepared by Squibb, for sulphur is the best of all parasitocides, and this is the best form in which it can be applied. Sop it on two or three times a-day, at first diluted with an equal quantity of water, afterwards stronger if well borne, and within a week the obstinate disease will have taken its departure.

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WOMEN NURSES IN THE PRUSSIAN ARMY.—The Grand Duchess of Baden has, says a lady writing from Heidelberg, begged all the ladies who offer themselves as nurses to come in plain dresses and caps—no curls, chignons, etc. This has put a stop to the romantic young ladies and those who do things from vanity, etc. Plain night caps, without even lace on them, are not becoming. You see ladies in dark blue linen dresses going about; only a white collar; sleeves loose, wide, but buttoned at the wrists. Those who belong to the *Küche für Krankenpflege* have a small bow of narrow satin riband, with “*Frauen-Verein Krieg, 1870*,” printed on it, pinned to their left side. Those who belong to what is called the Reserve, who will be made use of in either capacity, nurse or cook, etc., wear a green bow, the nurses a blue one, and those who attend the linen department a white one. Each hospital has a white flag with a red cross, and the regular hospital nurses, men and women, doctors and dressers, wear a white band around the left arm, with the red cross on it.—*Med. and Surgical Reporter*.

## Editorial.

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### PROGRESS OF THE "JOURNAL."

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On taking charge of this periodical, in January last, we informed our subscribers that, if properly encouraged, we would "alter the shape, increase the size, and, if then considered advisable, change the name" of the *Journal*. We have, on the whole, met with a fair share of encouragement; nothing like what it ought to have been, when we look at the Medical Register for Ontario; but still the list of subscribers has very materially increased, quite enough to justify a considerable outlay, which we have made with the new volume. To give the *Journal* a more portable form, the size of each page has been slightly reduced, but their number has been increased, so that our readers will be supplied with a much greater amount of reading matter than heretofore, in each number; and as the DOMINION MEDICAL JOURNAL sinks into oblivion, the CANADA LANCET will rise from its ashes with a new lease of life.

We are conscious of many defects in the past volume, and especially of irregularity in the day of publication. This is to a certain extent unavoidable, when the Editors are busily engaged in private practice at the same time; but to remedy it as far as possible, we have increased the editorial staff by the addition of Dr. Fulton, who, with the present volume, will assume the immediate control of the *Journal*. Dr. Fulton's well-known business abilities are a sufficient guarantee for its efficient management, while his high professional attainments will ensure a careful selection of its contents.

In making these efforts, we trust that we will be cordially seconded by the profession at large. We want our country friends to send us in their experience. We are sure there is as much talent in Canada as in either the United States or Great Britain, and quite a large enough clinical field for its development. If practitioners in the country would only keep their case-book half as faithfully as they do their day-book and ledger, the contribution of an interesting paper would be a matter of no difficulty; and such a course would add greatly to the standing of the Canadian profession in the eyes of the world.

PROSPECTUS OF THE CANADA LANCET.

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Having assumed the management of *The Canada Lancet*, and having in view the interests of our many subscribers, and the medical profession generally, we have in the first place enlarged its capacity to nearly double that of the former edition. We are fully aware that we have assumed great responsibilities; but we will endeavour to discharge our duties faithfully. We think it is very desirable to have in Canada a good, reliable, practically useful medical journal, and it will be our constant effort to meet that view by enlarging and improving this periodical from time to time, and making it more and more worthy of the confidence and support of the medical profession. There is undoubtedly a good field in Canada for a well conducted medical journal, and we intend to make a persevering effort to occupy it. There is also talent enough and material enough, and we intend, if possible, to bring it out. And while we will endeavour on our part to make this journal as useful and instructive as possible, we must ask the cordial co-operation of the profession. There are many medical men in the Dominion who could send us very interesting and practical cases which occur in their daily practice, and which might be very important if they would but spare the time. Such original communications would be most heartily welcomed and would be placed in the most prominent part of the journal. The shorter, the more practical, and the more to the point—the less historical and verbose, the better; but this must be left to the individual judgment of the contributor. We have an intense dislike to communications so long that they have to be continued in a subsequent number.

Our pages will always be open to correspondence on medical and scientific subjects, and we trust that our medical friends throughout the country will avail themselves of the opportunity thus afforded them. We would most earnestly solicit original communications on all medical and scientific subjects and reports of cases occurring in professional practice. We also intend to give such reports as we may be able to obtain, of the most interesting and instructive cases that occur in the Toronto General Hospital. These will of necessity be very much condensed; but we will endeavor to make them practically useful to the

busy practitioner. We receive a large number of British and American medical journals, from which we intend to make careful and judicious selections. This we will be able to do in a more satisfactory manner than heretofore, as our list of exchanges is large and varied, and the space at our disposal much increased.

Our reviews and notices of books will be carefully attended to.

The future numbers of the *Canada Lancet* will be issued promptly on the first of every month.

With a view to increase our circulation, a specimen copy of the *Canada Lancet* will be sent to every medical man in the Dominion, who is not already a subscriber, whose name we can obtain. A polite note will be enclosed in each, with a form of application attached, and we trust that all those who have the welfare of the profession at heart will do us the kindness to send their names.

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## AXILLARY THERMOMETER, USES OF.

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The exact temperature of the skin can only be obtained by means of the thermometer, the sensation communicated to the hand being very unreliable. The instrument, however, requires to be especially adapted for that purpose. The bulb of the instrument is placed in the axilla and the arm folded across the chest. It is allowed to remain ten or fifteen minutes, and the temperature read off before being removed. The natural temperature of the body is about 98° or 99° F. but in disease it may rise to 110° F. If the thermometer does not indicate abnormal heat, there is no febrile condition present, so that the physician may be materially assisted in his diagnosis in otherwise doubtful cases. When the thermometer indicates 100° or 101° F. the fever is of a mild type, when 105° very severe, and if it rises to 108°, 109° or 110° death is almost certain. The temperature has been found very high in fatal cases of scarlatina and tetanus. When convalescence begins the temperature gradually declines, but in some cases there are remarkable fluctuations, as in typhoid fever, and hence the thermometer should be used twice a day.

A decrease of the temperature in the morning is favorable, but an increase denotes danger, and if at any time, the temperature, reaches  $109^{\circ}$  or  $110^{\circ}$  the disease may be looked upon as inevitably fatal. In any fever or acute disease a sudden increase of temperature (not so high as in fatal cases,) denotes the occurrence of some severe complication or intercurrent disease. Diminution of the natural temperature of the body is very rare; but it has been observed to precede hemorrhage from the bowels. In the stage of collapse in cholera, the temperature falls 3 or  $4^{\circ}$  below the normal standard. The axillary thermometer is a very useful and reliable instrument, and is of inestimable value to the physician in diagnosis and prognosis, and its low price places it within the reach of all.

NOTE—By reference to our advertising columns, it will be seen that Mr. Potter, of Toronto, offers a very reliable instrument for \$3. If any of our subscribers should wish one, they may enclose the amount to us and we will make a selection and forward it by post or express.

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### THE MEDICAL SCHOOLS OF TORONTO.

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It will be seen by the advertisements in our columns, that both Toronto schools have very materially increased the number of lecturers, so as more fully to meet the requirements of the Medical Council. We think that Toronto affords as good facilities for Medical education generally, as any other city on the continent. Students will receive a thorough course of instruction, and there is no necessity for their going elsewhere. A new and interesting feature in the programme, will be the delivery of regular Clinics at the Toronto General Hospital, by the several lecturers connected with the Hospital staff.

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As will be seen from the advertisement, in another column, subscribers at a distance wishing to try the new anodyne, hydrate of chloral, can have a supply for 75c. Owing to the immense demand for it, the price has come down to something like a reasonable figure.

## THE CANADA MEDICAL ASSOCIATION.

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This meeting will be held in Ottawa, on the 14th inst., and we trust that there will be a large attendance of delegates and others from the different Provinces, as some very important matters are likely to come up for discussion. The committee appointed at last meeting to prepare a Bill for the establishment of one uniform system of Medical Education, applicable to the whole Dominion, will, in all probability, be prepared with a report, and we trust that it will receive that amount of careful consideration its importance demands. It is to be hoped that the state of the finances are not such as to cripple the usefulness of the Association. Complaints are being made that many of the members have not paid their annual subscription. This is not as it should be, and we think it only requires to be mentioned, in order to insure its immediate payment.

We will give a condensed report of the proceedings of the Association, in our next number, which will be published on the 1st of October, punctually. The meeting of the Association has been duly advertised, and arrangements have been made by which return tickets, at half fare, may be secured for all members and delegates who may be desirous of attending.

Application for return tickets should be made to Dr. De-Grassi, Toronto.

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## SALAD OIL AS A REMEDY.

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For some time past Dr. Knaggs, of England (*Lancet*), has been testing the value of anointing the surface of the body, in infantile diseases, such as Atrophy, Bronchitis, Convulsions, Diarrhœa, febrile disturbances, and all diseases of children in which there is an unnatural state of the skin.

The treatment consists in the application of warm Salad Oil to the entire surface of the body, and wearing a flannel gown or wrapping the child in warm blankets. It may be repeated, say every 4, 6 or 12 hours, according to the urgency of the case. By its use the action of the skin is restored, and the danger of reaction avoided. It is no doubt in part absorbed,

and seems to prevent waste of tissue, and also to increase the bulk of the patient. The above affections are said to yield readily to this course of treatment, and signs of improvement may be noticed in from 20 minutes to 48 hours.

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### ONTARIO MEDICAL COUNCIL.

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The examination for Matriculation will take place, in Toronto and Kingston, on the last Wednesday and Thursday of this month (September), at the Grammar Schools of the respective places.

Candidates are requested to give notice of their intention to present themselves, 6 days prior to the examination; such notice to be sent to the Examiner appointed for the place at which the candidate intends to present himself.

*Examiners,* { A. WICKSON, M.A., &c., Toronto.  
                  { S. WOOD, M.A., Kingston.

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### OBITUARY.

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It becomes our painful duty to record the death of our fellow citizen and brother practitioner, Dr. King. He had been complaining of ill health for some time past, and died after a short and severe illness on Friday the fifth of August, at the early age of 32. The immediate cause of his death was disease of the liver and jaundice. Dr. King was educated in Upper Canada College, and subsequently entered upon the pursuit of medical studies under his father, and finally graduated in the Toronto University. Shortly afterwards he went to England and passed a most successful examination before the Royal College of Surgeons, London, and was highly complimented for his attainments. He was for a short time connected with the Medical Department of Victoria College as clinical lecturer. He has been in practice in the city of Toronto for upwards of ten years, and had established a large and lucrative practice. He will be missed very much by his old friends and many poor patients in the city.



## Original Communications.

(To the Editor of the Canada Lancet.)

SIR,—In accordance with your request, I send you the following cases.

Yours faithfully,

W. R. BEAUMONT, F.R.C.S., Eng.,

Senior and Consulting Surgeon to the Toronto General Hospital.

### CASES OF STONE IN THE BLADDER—LITHOTRITY.

Thos. G——, aged 35, from Lucan, Ontario, was admitted into the Toronto Hospital, under my care, on the 3rd of February, 1870, suffering from very acute symptoms of Stone, which began seven years ago by frequent micturition attended at times with pain, the pain, as usual, being greatest after micturition, and more by day than by night, and felt chiefly along the urethra and in the glans. Another strongly marked symptom was the occasional stoppage of the stream of urine when the bladder was but partially emptied, and another was hæmaturia after riding over a rough road, which occurred several times about two years ago, but not since. On admission, there was some chronic cystitis (ropy mucus in the urine). The urine reddened litmus, and contained no albumen.

I directed him to remain recumbent, and to take three times a-day Pot. Bicarb. 1 scruple, Tinet. Hyosc  $\frac{1}{2}$  drachm.

Feb. 8th.—A small calculus lodged this morning immediately behind the meatus externus, which I cut, in order to extract the stone, being unable to break it with a small urethral lithotrite. It had caused complete retention of urine for many hours. The incision of the meatus had the double advantage of allowing the removal of the small calculus impacted behind it, and also of preventing fragments lodging there after lithotrity. I have twice had to incise the meatus before performing lithotrity, and the best instrument for the purpose is a small lithotome caché.

On Feb. 12th, I performed lithotrity, the patient having held his urine between 3 and 4 hours. I used the flat-bladed lithotrite, recommended by Sir Henry Thompson. It is made by Weiss, of London, and seems as perfect as a lithotrite can be, the sliding movement being instantly changed to the screw movement, and, *vice versa*, the screw to the sliding movement; but it has not sufficient power to crush a rather large and hard stone. It was as much as I could do, in this case, to crush the stone, which measured  $\frac{7}{8}$  of an inch in the diameter seized. I then crushed six fragments. There was not a tinge of blood,

and he suffered no very great pain during the operation and none afterwards, nor was it followed by any rigor or acceleration of the pulse.

I directed him to take immediately *Liq. opii. sed. M 40*, and to remain in bed, voiding his urine whilst lying supine for two days, to prevent fragments passing whilst the urethra might be a little tender.

Feb. 19th—(second operation)—I used the same lithotrite, crushing ten fragments, two of which measured nearly  $\frac{7}{8}$  of an inch in diameter. There was no tinge of blood, and no rigor followed.

Feb. 24th—(third operation)—I again crushed ten fragments (not so large as the others). He had passed many pieces and pulverised stone, and said he had been much easier, and could hold his water longer.

Feb. 26th—(fourth operation)—I again crushed ten fragments. There was no tinge of blood, and less pain than during the first operations.

March 2nd—(fifth operation)—I crushed ten very small fragments, the largest  $\frac{3}{8}$  of an inch in diameter. There was no blood, and scarcely any pain. The urine for some time past had been free from mucus, and micturition not abnormally frequent.

March 5th—(3 weeks after the 1st operation)—I examined him with a lithotrite, but could detect no fragment. He said he was quite free from any uneasiness about the bladder, and his strength much improved. Before the operations he was afraid to make an incautious step; at this time, three weeks after the first operation, he had no pain from violent concussion of the body.

Between two and three months after leaving the hospital, he wrote to say that he remained quite well.

Considering the size of the stone, its long continuance in the bladder, and its hardness (most of the fragments looking like oxalate of lime), this was one of the most satisfactory cases of lithotrity one could have.

CASE 2—Another very satisfactory case of lithotrity I had in the hospital in September, 1868. Joseph P—, aged 22, an out patient, had a small calculus lodged in the urethra, near the neck of the bladder, which several times caused total retention of urine, which was relieved almost daily for about a week by Dr. Hampton.

On September 28th I was asked to see him, when I pushed the stone back into the bladder, and crushed it, using a small lithotrite (the old fenestrated form, as I had not then Weiss's improved instrument). There was no tinge of blood, and no pain. He walked home immediately after, passed the fragments the next day, and remained well a long while afterwards when I last heard of him.

CASE 3.—Wm. T—, aged 58, a private patient in the Hospital, was admitted Feb. 13, 1869, having had severe symptoms of stone for about two years or rather more. The urine reddened litmus, and contained a little mucus, but no albumen. The meatus of the urethra was so small that I had to divide it, and then a large lithotrite passed easily into the bladder. In this case I had to operate 15 times, and crushed about 100 fragments, most of them seemingly phosphatic. After the second operation he complained so much of pain that I had to give him chloroform, and a most enormous quantity was used, usually 4, 5 or 6 ounces, before he became insensible. He is the only patient to whom I have ever found it necessary to give chloroform when performing lithotrity. The first operation was on the 22nd of February, and the last on September 29th, 1869, (seven months from first to last) but this arose from his leaving Toronto several times, and staying away a long time. It was, owing to the great irritability of the bladder, a most troublesome case; but he left the Hospital a few days after the last operation, saying that micturition was no longer frequent or attended with pain.

He wrote to me about four months after, saying that he was "quite smart, and thought there was no stone left."

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## TORONTO HOSPITAL REPORTS.

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During the past two months, there has been a good deal of Typhoid Fever in the Toronto General Hospital.

The disease has not presented any very special features, being rather low in type in a few instances, and in *all* requiring liberal support and more or less stimulation. The Diarrhœa has been found troublesome in a few cases, and in one, no doubt from ulceration of a blood-vessel, death took place from Hemorrhage.

Milk diet, with beef-tea, rice and corn starch were the principle means of support; and whiskey judiciously given with the food, in quantities varying from  $\mathfrak{z}\text{iv}$  or  $\mathfrak{z}\text{vi}$  to  $\mathfrak{z}\text{xii}$  or even  $\mathfrak{z}\text{xviii}$  in 24 hours, according to the necessities of peculiar cases.

As medicine, Tonics have been freely used, combined with Anodynes and Diaphoretics; Quinine, in grain doses, with Nitrate of Potash or Chlorate of Potash; and Tinct. of Opium, in doses of v. to x. drops, is a favorite plan with some; while in cases evincing much ulceration of the bowels, Ol. Terebinth is often added, in 4 or 5 drop doses to the mixture. This stimulates gently, and appears to promote the restoration of a healthy state of the mucous membrane, besides acting beneficially where there has been congestion of the vessels of the lung, as not unfrequently occurs.—*Cor.*

# VICTORIA UNIVERSITY.

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**S. S. NELLIS, D.D., PRESIDENT.**

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THE NEXT SESSION  
OF THE  
**MEDICAL DEPARTMENT**  
WILL OPEN  
THE 1st OCTOBER, 1870.

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## *Faculty :*

- W. CANNIFF, M.D., M.R.C.S., England, Principles and Practice of Surgery.  
NORMAN BETHUNE, B.A., M.D., Edinburgh, M.R.C.S., England, and F.R.C.S.,  
Edinburgh, Principles and Practice of Medicine.  
CHARLES VALANCE BERRYMAN, A.M., M.D., Materia Medica and Medical  
Jurisprudence.  
JOHN N. REID, M.D., Physiology and Microscopy.  
JOHN HERBERT SANGSTER, A.M., M.D., Theoretical and Practical  
Chemistry.  
JOHN FULTON, M.D., M.R.C.S., England, and L.R.C.P., London, Associate in  
Physiology and Lecturer on Sanitary Science.  
ELI JAMES BARRICK, M.D., M.R.C.S., England, L.R.C.P., London, L.R.C.P.  
and L.R.C.S., Edinburgh, Lic. Mid. R.C.S., England,—Midwifery.  
J. N. AGNEW, M.D., Diseases of Women and Children.  
RICHARD A. REEVE, B.A., M.D.,—Botany.  
JOHN A. MULLIN, M.D., Descriptive and General Anatomy.  
J. ALGERNON TEMPLE, M.D., M.R.C.S., England, General Pathology and  
Medical Diagnosis.  
ARCHD. E. MALLOCK, B.A., M.D., Glasgow, Demonstrator of Anatomy and  
Lecturer on Surgical Anatomy.  
A. M. ROSEBRUGH, M.D., Diseases of the Eye and Ear.  
S. P. MAY, M.D., Pharmacy and Curator of the Museum.

Clinical Medicine, Surgery, and Ophthalmology, by the Faculty.

For further information apply to DR. CANNIFF, 111 Church St.; or the  
Secretary, DR. BERRYMAN, William St., Yorkville.

THE  
CANADA LANCET,  
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VOL. III.

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No. I.

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*Selected Articles.*

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STONE IN BLADDER—MEDIO-BILATERAL LITHOTOMY.

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Edward W——, eight years of age, a resident of this county (Davidson), was received in the hospital, for the relief of vesical calculus. He had had symptoms of urinary trouble for three or four years; in the last twelve months his sufferings had become so severe as to demand relief.

His father placed him in charge of Professor Briggs three months since. He at once detected the stone, and placed him on treatment preparatory to the operation of lithotomy. When he entered the hospital, he was suffering intensely from the calculus. He had frequent and uncontrollable disposition to pass urine, severe pain after micturition, great straining, so that his bowels were evacuated and prolapsed at every effort at urinating. His prepuce had become greatly elongated, and was tender and chapped from the continued irritation, and his fingers were wrinkled like a washwoman's, from handling and pulling at the penis. His general health was very good.

He was ordered to take five grains of Dover's powder at bed-time, to use the warm hip-bath two or three times a-day, and to drink freely of hop tea. Under this treatment his severe suffering was much mitigated, and he could retain his urine an hour or two at a time.

In about two weeks after admission, he was thought to be in a proper condition for the operation. His bowels having been thoroughly evacuated the evening previous, the patient was placed on the table in the usual position, chloroform administered, the grooved staff introduced, and made to touch the stone, an incision was made in the *raphé* an inch and a-half above the anus, to within a few lines of its margin; a finger having been introduced into the rectum to guard against its injury, the point of the knife was carried into the groove of the staff, and the membranous portion of the urethra opened. The beak of the lithotome *caché* was introduced, and its blades opened to the extent of two or three lines, and withdrawn. The finger was then passed through the incision, dilating the opening; after which the forceps were passed, the calculus grasped, and easily removed.

The stone proved to be of the mulberry variety, of a light brownish color, rough, and about the size of a partridge egg.

There was no hemorrhage, nor other unpleasant symptoms, for several days. He then had fever, with nausea, and occasional vomiting, which subsided in a few days, to be followed by a diarrhoea. This was promptly checked, but the convalescence was slow, the urine did not resume its natural passage for three weeks, and he continued feeble and without appetite for some time. He is at the present time, however, perfectly well.—*Nashville Med. Journal.*

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#### DOUBLE HARE-LIP—INTERMAXILLARY PORTION FIXED TO END OF NOSE.

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This little patient, a girl three years of age, was brought from Greenville, East Tennessee. Otherwise beautiful, she was rendered hideous by the deformity. In the first place, it was observed that the intermaxillary bone supporting three teeth stood directly forward, continuous with the septum nasi; that upon this projecting portion of bone was the central portion of the upper lip, continuous with the columna nasi; then it was seen that the ala nasi, with the halves of the upper lip, were widely separated, and the nose flattened.

The operation for the relief of this revolting disfigurement was performed as follows: The central tongue of the lip was dissected from the intermaxillary bone, leaving it connected with the skin of the nose; then the intermaxillary projection was excised with the bone forceps, on a level with the septum nasi. The halves of the lip were freely separated by the knife from the jaw, as far back as the last molar teeth. Their edges were then removed by curvilinear incisions—( )—the edges of the central portion were pared, while its lower extremity was bevelled off, so that it might fit in well between the two lateral halves when approximated. Three pins were inserted, one just above the vermilion border of the lip, the second through the middle part of the lip, and the third just below the nose, transfixing the two lateral halves and the central tongue. The parts were accurately adjusted by the twisted suture; no plasters were used.

On the fifth day, the pins were removed; the threads, matted and adherent to the parts beneath, were left several days longer. When they were washed off, it was seen that perfect adhesion had taken place.

The improvement achieved was so great, that a person who had seen the child before the operation could scarcely recognize her as the same.—*Ibid.*

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## DIET, IN DIARRHŒA, OF YOUNG CHILDREN.

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Dr. Eustace Smith, in a paper upon the Treatment of Chronic Diarrhœa of Young Children, gives the following advice concerning diet, which we consider all-important in its management:

In all cases, if the patient be a sucking child, he should be limited strictly to the breast; or if he have been only lately weaned, the breast should be returned to. If from any reason a return to the breast is impossible, our great trust should be placed in cow's milk, more or less copiously diluted with lime-water. With children under a year old, milk is very seldom found to disagree. If the child be no more than six months

old, nothing should be allowed but milk, or some preparation of milk, as milk and lime-water (equal parts), whey with cream, or milk and water thickened with isinglass,\* or with Liebig's food for infants, in the proportion of one teaspoonful to four ounces of fluid. By using these different preparations, a certain variety can be introduced into the diet, and the meals should be so regulated that the quantity taken on each occasion, and the length of the interval by which the meals are separated, may be properly proportioned to one another and to the state of the patient. The Liebig food should be given not oftener than twice in the day; and if it excite flatulence, or if any sour smell be noticed from the breath or evacuations, the quantity of one teaspoonful should be diminished, or the food should be even discontinued altogether.

Beyond the age of six months a little weak beef or veal tea, or the yolk of one egg, unboiled, may be added to the diet. The egg is best digested when beaten up with a few drops of brandy and a tablespoonful of cinnamon water, as in ordinary egg-flip. As with younger infants, the quantity of food to be given at one time must depend upon the strength of the child and the condition of his stools.

If the child be over twelve months old, very small quantities of farinaceous food may sometimes be ventured upon, and will often agree. The best form in which this can be given is well-baked wheaten flour, of which one teaspoonful is all that should be allowed at one time, prepared carefully with milk.

So long as milk is well borne, the arrangement of the diet is comparatively an easy task; but in the not uncommon class of cases where milk is difficult of digestion, and can only be taken in very small quantities, a different dietary must be adopted. These cases usually occur in children of eighteen months or two years old. A good scale of diet for a child of a year and a-half old, in whom this peculiarity is noticed, is the following, consisting of five small meals in the twenty-four hours:

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\* Isinglass is useful for its mechanical action in separating the particles of casein, so as to prevent the formation in the stomach of a large dense indigestible clot. By this means the casein is finely divided, and its clots resemble more the flocculent coagulæ of breast-milk.



*1st Meal.*—One teaspoonful of Liebig's food for infants (Mellin's) dissolved in four ounces of milk and barley-water (equal parts).

*2nd Meal.*—Six ounces of beef-tea, of the strength of a pound of fillet of beef to the pint.

*3rd Meal.*—Six ounces of fresh whey containing a table-spoonful of cream.

*4th Meal.*—The unboiled yolk of one egg, plain, or beaten up with a tablespoonful of cinnamon water, a little white sugar, and fifteen drops of brandy.

*5th Meal.*—Same as the first.—*Practitioner Reprint, Nashville Med. Journal.*

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## NOTES FROM PRACTICE.

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BY A. D. STEVENS, A.M., M.D., DUNHAM, QUEBEC, CANADA.

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Mrs. E., aged 40 years, married, was never pregnant, came under my care in the spring of 1865, suffering from great depression of spirits and other mental disturbances, which I attributed to an inflamed neck of the uterus, though she evinced none of the most common local symptoms of disease in that quarter. I treated her in the usual way, for about three months, when she considered herself very much better and treatment was discontinued. In the winter of 1869, she returned and complained of well marked local symptoms of uterine disease; upon examination, the lips of the cervix were found greatly elongated, so much so that it required a good deal of spreading of the trivalve speculum to get a satisfactory view of them. She likewise showed me a tumor upon the nape of the neck, about the size of a large English walnut, and another on the inner aspect of the elbow about three times as large. She was given ten grs. of bromide of potassium with compound tincture of gentian, three times a-day, for about a month, at the expiration of that time the gentian was changed for tincture of ginger, but the bromide was continued in the same doses for another month or six weeks, when she left me. During the time just indicated the tumor upon the neck inflamed, ulcerated, and disappeared, leaving nothing but the cicatrix; while the one situated on the

arm during the same time, diminished in size about one-half. A month or two ago she came back again, when I could not, upon examination, detect any change in the elongated lips, neither had there been any change in the tumor of the arm since she left off treatment (about a year since); her general health had, however, greatly improved, and I have no doubt had she continued the bromide for a few weeks or months longer, the tumor of the arm would have materially diminished in size, and possibly disappeared altogether; but in regard to the excessive growth of the lips of the neck of the womb, I apprehend less encouraging results would have been effected.—*Chicago Med. Times.*

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## DELIRIUM TREMENS TREATED BY HYDRATE OF CHLORAL.

BY HENRY T. CHAPMAN, ESQ., LONDON.

[The patient in this case was 60 years of age. On three previous occasions sleep had been procured by morphia, but in the attack which forms the subject of the following article, this had signally failed.]

At 12 o'clock on Tuesday night, about five hours after the last ineffectual dose of morphia, having obtained a supply of the hydrate of chloral from Messrs. Squire, of Oxford street, I gave him gr. xxx in sweetened water, which was fortunately retained by the stomach. In less than five minutes he was asleep, and slept heavily for nearly an hour, the muttering and convulsive movements ceasing entirely after half an hour. On waking, he was quite composed and rational, drank some brandy and water, took gr. xx more of the hydrate, and again fell into a lethargic sleep, which lasted till 8 on Wednesday morning. From that time his health and strength have steadily improved, and he is now (September 27, 1860) far advanced towards convalescence.

Few, I think, will be inclined to dispute that, but for the narcotism so rapidly supervening on the administration of the chloral, my patient was fast sinking into a comatose condition, which must have ended in death.

The same good results might very possibly have attended the subcutaneous injection of chloroform or chloral; but I can conceive that it would often prove a difficult matter to carry it into effect in delirium tremens. In the preceding case it would have been simply impossible.

Dr. Richardson's conclusion is, I doubt not, perfectly correct, that the hydrate of chloral will not "practically supersede opium and similar narcotising agents now in medical use." But may it not supply us with a valuable substitute for opium when that has failed, or where other conditions are present which militate against its employment?—*Medical Times and Gazette*.

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## ON THE TREATMENT OF LACERATION OF THE PERINEUM IMMEDIATELY AFTER DELIVERY.

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BY JOHN BRUNTON, M.A., M.D., SURGEON TO THE ROYAL MATERNITY CHARITY, LONDON.

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If the laceration be up to the sphincter ani, but not through it, all the treatment that is necessary is to tie the mother's knees together, and pay strict attention to the cleanliness of the injured parts. Dr. Brunton adopts the plan of expelling all clots from the uterus and tight-bandaging the patient, putting a compress over the uterus for the purpose of keeping up its contraction, and thereby reducing the lochial discharge to a minimum, and having the vagina daily washed with a solution of Condyl's disinfecting fluid. It is obviously necessary in so doing to use a syringe with a small tube, else the parts would be disturbed. It is also advisable to avoid purgative medicines for a week or so, and to give a light but nutritious diet, such a diet as will produce as little feces as possible.

Dr. Brunton narrates three cases of laceration through the perineum, treated, immediately after delivery, by passing three silver sutures with a curved needle deeply through the torn sphincter. No chloroform was given, and it is stated that the mothers did not complain at all of the passage of the needle. The after treatment consisted in daily syringes of the vagina with a

tepid solution of Condyl's fluid, constipation of the bowels by means of opium pills, and rest in bed. In the first case the sutures were removed on the seventh day, and on the tenth an enema was administered.

Dr. Brunton remarks :—

1st. That the result of his operations is very satisfactory.

2nd. That the operation is very easy.

3rd. That it is comparatively free from danger, and is nearly painless, requiring no chloroform, because the parts which have been torn are in an anæsthetic state, being benumbed by the pressure they have recently undergone.—*Glasgow Med. Journal.*

## A NEW METHOD OF PREVENTING LEAD POISONING.

A communication on this subject has recently been read to the Paris Academy of Medicine, from the director of one of the principal glass manufactories in France. In the establishment minium is prepared in large quantity, and, in spite of every precaution, the workmen infallibly succumbed to lead poisoning in a longer or shorter period. Two workmen only, who had been in the habit of drinking a quantity of milk every day, escaped the disease. This fact attracted the attention of the director, who put all the workmen in the place on similar diet. From that time, February, 1868, not a single case of colic has been observed.

## ON ARTIFICIAL FECUNDATION.

This plan suggested by Dr. Girault may answer for special cases, but will scarcely be adopted as a general substitute for the old way :

“ Dr. Girault, of Paris, lately read an essay before the Medical Society of the Pantheon, entitled ‘ A Study on Artificial Generation in the Human Race,’ an abstract of which we translate from the *Wiener Medical Presse*, May 1: He recalled the experiment of Spallanzani, Holler, and others, and then spoke

of his own attempts, which in a number of instances had proved successful, while in others they had failed. As far back as 1839 he had been consulted by a married couple, the wife 25 and the husband 27 years of age, who, although in apparent good health, had been united five years and were still childless. Dr. Girault used a glass syringe, and injected some of the spermatic fluid of the husband into the uterus. After repeating this on three separate occasions, she became pregnant, and was delivered of a healthy boy. The child died of croup when four years old, which his mother regarded as a punishment upon her for the method in which he was conceived, and refused to submit to another artificial conception.

"In 1840, a musician called on Dr. Girault, on account of childlessness, resulting from a hypospadias. His wife was 24 years of age and healthy. Dr. G. threw some of the spermatic secretion into the uterus on the 27th of August, and on the 30th of the following March she was delivered of a healthy girl.

"A man, 65 years old, married to a wife of 27 years, had passed seven years without offspring. The pair applied to Dr. Girault, who, after four failures, succeeded so completely on the fifth attempt, that in nine months afterward the lady was delivered of twins, one boy and one girl. The latter died after three months, but the former survived and was healthy when last heard of, at the age of nine years.

"Dr. Girault reports in all 27 attempts at artificial procreation in the human female, of which ten were successful, and others doubtless would have been, if the couples had been more persevering in their efforts, and allowed him to continue his endeavors.

"The only instrument necessary is a uterine catheter, with a funnel-shaped opening at the external end. Into this the sperm is placed, after the point has been introduced into the cervical canal, and blown into the cavity of the uterus. Proper care must be taken that the instrument is of the temperature of the body, and it is important to convince oneself that the semen contains active spermatozoa, with long and rapidly vibrating tails, as the latter is the sign of their fecundating power."—*Lancet and Observer.*

REMOVAL OF THE UTERUS AND ITS APPENDAGES.

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At the meeting of the Imperial Academy of Medicine, in Paris, recently, M. Pean presented a woman on whom he had successfully performed a very formidable operation. The patient had a large multilocular ovarian cyst, for the removal of which M. Pean proceeded to perform ovariectomy; and, after having removed the greater part of the cyst piecemeal, he found that it was impossible to remove the part which was adherent on the pelvis and to the uterus. The adhesions broken through in the course of the operation were very vascular, and there was much hemorrhage, which was arrested by the actual cautery. M. Pean found, further, that there was a very large fibroid tumor of the ovary on the other side; and the uterus was hypertrophied and soft. He therefore removed the uterus by passing into the vagina, from the abdomen, a double thread, one ligature of which was made to embrace the ovarian cyst, and the other (on the right side) the uterus with the corresponding portion of the vagina, and the ovary and Fallopian tube of that side. The ligatures having been tied, M. Pean cut off all above them. The wound in the vagina united completely; and the parts to which the ligatures were applied escaped by sloughing through the abdominal walls. When the woman was shown to the Academy, the abdominal wound had healed, and she was quite well. In making the communication, M. Pean stated that he now had performed ovariectomy in ten cases, seven of which had been successful. Two of the fatal cases occurred in aged subjects.—*British Med. Journal.*

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THINGS NOT GENERALLY KNOWN.

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The *Pharmaceutical Journal* publishes a remarkable instance of unforeseen danger arising from the facility with which oxide of silver is reduced by contact with vegetable extracts in common use. A medical man prescribed twenty-four pills, each containing two grains of the oxide of silver, a twenty-fourth of a grain of muriate of morphia, and a sufficiency of extract of gentian; the pills being coated with silver in the usual manner. The pills were delivered to the patient in an ordinary pill box,

but the lady, being in her nursery, and having no pockets in her dress, placed the box in her bosom, probably next the skin. In three-quarters of an hour an explosion was heard, her underclothes were reduced to tinder, and her right breast was seriously hurt. The patient fortunately had presence of mind enough to seize the part with both hands, and thus extinguish the flame. We learn from Mr. Hills that a similar occurrence has been known in compounding the extract of colocynth with the oxide of silver, and that with creasote or the oil of cloves this salt is reduced to the metallic state, with the production of heat amounting often to an explosion. In fact, many of the essential oils reduce the oxide of silver, and one of the processes for silvering glass is founded on the fact, oil of cloves being usually employed in the operation. We may mention that when glycerine and permanganate of potash come in contact, heat is evolved, sometimes resulting in flame. An instance has occurred in which a wound was covered with the glycerine of starch, and then sprinkled with powdered permanganate of potash, when the heat produced became unbearable.—*Lancet*.

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### IMPROVED FORMULA FOR CHALK MIXTURE.

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Chalk mixture, the *mistura cretæ* of the Pharmacopœia, is one of the remedies most frequently employed in the summer complaints of children. Yet, as commonly prepared, its use is attended with both inconvenience and danger. The mixture ferments with the greatest ease in warm weather, and the supernatant liquid becomes sour or mouldy. The mixture also ferments frequently in the stomach after administration. This is entirely obviated by substituting glycerine for sugar, according to the following formula:

Take of prepared chalk and glycerine, each, half an ounce; gum arabic in powder, two drachms: cinnamon water and water, each, four fluid ounces. Rub them together until they are thoroughly mixed.

This mixture will readily keep during a whole summer. I recently had occasion to administer some of the mixture prepared as above, which had stood for three or four months during the hottest weather, and found it in perfect condition.

The diarrhœa of children in hot weather is generally accompanied, if not caused, by fermentation. Sugar is therefore contra-indicated. But glycerine seems to exert a positive soothing action upon the bowels, as well as, in some degree, to arrest fermentation.

The substitution of glycerine for sugar, in the proportion of two parts of the former to one of the latter, ought to be made in all sirups, elixirs, mixtures, which are subject to fermentation. The *mistura cretæ* may be taken as an illustration.

Glycerine may be used with great advantage to replace sugar in the food of children or adults, where there is enteric irritation or inflammation. Under these conditions of great local heat and excitement, sugar almost always ferments and acidifies. Pure glycerine, on the other hand, does not ferment, is bland, and at the same time a concentrated nourishment. In a recent case of severe gastric irritation or enteritis of an infant only three months old, fed by hand, the writer gave from four to six drachms of glycerine daily for a fortnight in place of sugar, with rice water or porridge. Here the glycerine constituted a considerable portion of the nourishment taken. The result was entirely favorable, where it would probably have been fatal, if a fresh amount of acid from fermented sugar had been periodically introduced into the bowels.

W. F. C.

—*Boston Jour. of Chem.*

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## EXTRACTION OF CATARACT BY GRAEFE'S MODIFIED LINEAR PLAN.

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BY A. N. ELLIS, M.D.

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M. R., aged 30, has been afflicted with cataract in the left eye, for about two years. She could only perceive light, when the pupil was dilated with a strong solution of atropine.

*December 20, 1869.*—Applied for relief. Gave her tonics to prepare her system for the operation.

*January 4, 1870.*—Assisted by Dr. G. L. Moad, I operated by Graefe's modified Linear Extraction. The section was made about one-third of a line above the cornea, and was about four



and one-half lines in extent. A large iridectomy was next made, and the capsule freely lacerated.

The lens was readily removed by the manipulations of the curette. This was placed upon the lower edge of the cornea, and pressed slightly backward and upward, so as to cause the edge of the lens to present itself in the section. The pressure was then made directly backward, and the lens was rotated around its transverse axis, and tilted well forward into the incision, when it came away, almost entire, leaving the capsule, which caused some swelling and opacification for some time after the operation. No vitreous escaped. Slight hemorrhage followed the completion of the section.

The cataract was of that class known as the nuclear or hard senile cataract. Liebreich's bandage was applied, and at the end of the first 24 hours, a few drops of a solution of sulph. of atropia (grs. iv. ad aquæ oz. i.) were instilled into the eye. Very little pain was felt for 48 hours after the operation, when some iritis supervened, doubtless caused by pressure of the capsule against the iris, which had already been wounded or contused by the instruments during the operation. The lids became swollen, and there were present considerable photophobia and lachrymation. Used the atropine solution freely, and applied warm dressings until the fifth day, when the patient was free from all pain.

*June 1.*—Much of the capsule has been absorbed. The eye is, and has been, entirely free from all pain for a long time. The patient reads No. 4 of Jaeger's test types, with the aid of a cataract glass.

From the great success attending Graefe's new method, it is now ranked among the great improvements of modern surgery. In each of a half a dozen cases I have met with gratifying success. In only one, was there a loss of a small quantity of vitreous, and in two, hemorrhage into the anterior chamber took place, which, however, was readily absorbed.

While some specialists say that the incision should not be less than five lines in extent, in my opinion, it should be left to the judgment of the operator. The exact line and size of the incision should vary with the size and hardness of the nucleus and the size of the cornea.

All other things being equal, the greater the incision, the

greater the risk of loss of the vitreous. This is an accident to be deplored, and against the occurrence of which we should take every precaution. The escape of this fluid is apt to push the cataract away from the incision, necessitating the introduction of the scoop with its dangers, fragments of the lens and capsule are shoved aside and left behind the iris, thus protracting the healing process and increasing the danger of subsequent inflammation.—*Lancet and Observer*.

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### MALARIA.

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The evidence seems to be accumulating on every hand, that some epidemic diseases and the leading epidemics are due to germinal matter, operating upon the system either by proliferation in the circulatory fluid, or clinging to the mucous surfaces, disturbing innervation and nutrition; these resulting in the varied manifestations in the structure and circulation of the blood, producing catarrhal and serous discharges, as in hay fever, Asiatic cholera, dysentery, &c.

It is proper and due to Dr. J. H. Salisbury, of our own State, to say that his publications have created a new interest on this subject, especially the demonstration, if we may accept fully all his statements, that autumnal fevers are due to the development of minute fungi in the districts where they prevail. These minute organizations, so abundantly developed in the system, may explain the peculiar post mortem appearances in the bodies of those who die of malarial disease.—*Med. and Surg. Reporter*.

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WATERING THE STREETS WITH SALINE SOLUTIONS, INSTEAD OF WITH WATER ONLY.—Ch. Mène.—The author states that, of the two deliquescent salts which have been applied for this purpose—viz., the chlorides of magnesium and calcium—the last-named suits best, the quantity being adjusted at 250 grm. per square metre. It appears from this paper that, in 1860 and 1863, the Place Bellacour, at Lyons, was (experimentally, and during great heat) watered with a mixture of chloride of calcium and commercial hydrochloric acid, properly diluted in water, the effect being highly appreciated by the inhabitants also on account of the perceptible purification of the air.—*American Chemist*.

## ON QUININE IN INFANTILE DISEASES.

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Professor C. Bing, of Bonn, calls attention, in the *American Journal of Obstetrics* for May, 1870, to the value of this drug in some diseases of children. He remarks:

Of the acute exanthema of infants, I would mention one particularly as being within the sphere of the influence of quinia, namely, *erysipelas neonatorum*.

This disease, as is well known, belongs to a class which almost invariably terminates fatally. As a general rule, an internal dyscrasia or an external putrid ulceration of the navel is assumed as its cause. A German naturalist of renown related the following case to me last year at an accidental meeting, which I am obliged to recount from memory, not having made any memoranda of it at the time. For the accuracy of the main points I am responsible.

A male infant of his own was attacked by violent erysipelas soon after birth. The physician who was called in by him, a well-known German gynæcologist, prescribed the usual remedies, but pronounced the case a hopeless one. The father, who is versed in medicine, now began to treat the child upon his own responsibility, and having a very high opinion of the curative powers of quinia against collapse, from which the child also suffered to a great degree, he administered the sulphate in comparatively large doses. The erysipelas improved in a remarkable manner, all danger soon vanished, and the boy recovered completely. Subsequently, coxitis developed itself and ran its usual course.

In the small clinic which I have established here, I have treated for the past two years all the cases of pertussis, without any exception, with quinine. The best proof of its good effect is seen in the fact that those in charge of the little patients repeatedly call again for the "bitter medicine," whenever they have succeeded, either by coaxing or force, in administering it to them. There was a most striking difference to be seen in those it was impossible by any means to induce to swallow the solution of quinia. In these cases the whooping-cough assumed its regular obstinate course; in the others, although living in all other respects under perfectly similar circumstances, the paroxysms were always reduced in frequency and severity.

But, according to my experience, three conditions are absolutely necessary if we desire any good results from quinine in whooping-cough: *It should be given in solution; the dose should not be too small, and should not be administered in a vehicle that will prevent it from coming in contact with the mucous membrane in its passage through the pharynx.* The reasons for these rules are so obvious that there is no occasion for me to dwell further on them. The neglecting of one or all of them is perhaps the reason why other observers, Henoch, for instance, have heretofore seen no positive results from quinine.—*Compendium of Med. Science.*

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### SULPHATE OF IRON IN SUPPURATION.

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A child burned all over the body was recently brought to the Children's Hospital of Lausanne. The suppuration from his wounds was so abundant, that the ward in which he was lodged became absolutely uninhabitable. M. Joel then placed him in a bath containing two handfuls of sulphate of iron. The cessation of pain was almost immediate; after repeating the bath twice a-day, for fifteen or twenty minutes at a time, the suppuration moderated, the fetid odor disappeared, and the little sufferer recovered rapidly.—*Boston Journal of Chemistry.*

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### VICARIOUS MENSTRUATION.

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Dr. Nye reported to the Gynecological Society an interesting case of vicarious menstruation simulating pulmonary disease. (*Jour. of the Gyn. Soc.*, Feb., 1870.)

The patient was married in 1849, and had one child. In 1857 she took cold and amenorrhœa followed. There had been no appearance of the menses since. Every four or six weeks she has had, and still has, attacks of dyspnoea, and pain in the left lung, with cough and bloody expectoration. Considerable soreness continues during the interval. She is subject to attacks of aphonia and hysteria. One attack of aphonia continued for sixteen months.

She is now in pretty good health and strength, and does the work of a large family. The system has apparently become

familiar with the new order of things, and the general health is gradually improving.

Dr. Storer remarked upon the variations of the organ selected by nature in different cases of uterine disease for the vicarious transference of discharge, the fact being that it is generally some part already enfeebled by disease. Thus where hemorrhoids are present, it is no uncommon thing to have a periodic rectal flux, which is often mistaken for chronic dysentery. The same is true of epistaxis, hemoptysis, hematemesis, and hematuria. He had seen vicarious catamenia from scrofulous and specific abscesses and ulcerations, and had no doubt that in this discharge was to be found an explanation of the otherwise unaccountable bloody sweat observed at times in hysterical females by many writers. One of the obscure cases that had presented itself to him in practice, was that of a lady who had for many years a bloody discharge every month from the pulp of one of her thumbs, the part being apparently sound in the interim. Upon probing the thumb, at a monthly period, Dr. Storer found dead bone, and upon cutting down, removed the last phalanx, necrosed by paronychia long previously, the result being a perfect cure.—*Compendium of Med. Science.*

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## CHLORAL.

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Dr. Richardson recently opened his course of lectures on Experimental and practical medicine. The subject was chloral; and many new experimental facts were illustrated; among others, the great decrease of animal temperature caused by this substance, and the production of prolonged anaesthesia by inhalation from an ethereal solution. The following is a summary of the lecturer's views given in the *British Medical Journal*:

1. Deep and prolonged narcotism can be safely produced by the hydrate of chloral.
2. During a portion of the period of narcotism there may be complete anaesthesia with absence of reflex actions; a condition, in short, in which every kind of operation fails to call forth consciousness.
3. During the narcotism there are intervals of apparent exalted sensibility.
4. In the transition from drowsiness to stupor there is no stage of muscular excitement; but in birds there is vomiting, as is common in the

same animal in the second stage of narcotism from chloroform. During the narcotism produced by the substance, there is invariably reduction of temperature. 6. The hydrate produces muscular relaxation; which relaxation extends to the muscles of volition, and also to the iris and muscular arterial system. From the condition of the muscles after death, we may conclude that this paralysis is in part due to the change within the muscular structure itself. 7. The action of the substance on the nervous system is primarily on the sympathetic ganglia, afterwards on the cerebrum, and finally on the heart. 8. Recovery is followed by no bad results. 9. In fatal cases the functions are destroyed in the following order: *a*, the cerebral; *b*, the voluntary muscular; *c*, the respiratory; *d*, the heart. 10. The substance prevents in some small degree, the coagulability of the blood, and in large quantities stops the process of coagulation altogether. In large quantities, it also destroys the blood-corpuscles, and produces general destruction of blood. But to produce deep insensibility, the dose administered need not be so large as to produce serious derangement of blood. 11. The phenomena observed correspond with those observed under chloroform. 12. Therapeutically, the agent is to be accepted as the rival of opium. It promises to be useful in cases where there are increment of animal heat, muscular spasm and pain. It will be worthy of extensive trial, in tetanus especially. The dose of hydrate of chloral for a child is seven grains; for an adult, the dose may be extended to one hundred or even one hundred and twenty grains.—*Medical and Surgical Reporter*.

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THE THERMOMETER IN DISEASE.—Dr. J. G. Thomas (*Galveston Medical Journal*) has used the thermometer with great satisfaction in his investigations of disease, and has found, with every acute disease in which he has made observations, that where the temperature remains the same in the morning that it was in the evening, the indication is that the patient is or will be worse. In pneumonia, when there is a marked fall in the temperature, we may be sure the disease has reached a crisis, and improvement will begin. This rule holds good with a majority of diseases, but with regard to pneumonia it has been seen hours before improvement could have been guessed at by other means. By the thermometer, a diagnosis of this disease has been made long before the crepitant r le makes its appearance.

## EFFECTUAL PLUGGING IN EPISTAXIS.

It is generally expected, when the anterior and posterior nares are plugged, that a clot forms on the floor of the nose which compresses the oozing vessels. M. Fano, of Paris, endeavors to compress with more certainty in the following manner: Instead of tying a pledget of cotton or lint to the free end of the thread which has been made to enter at the nose and emerge from the mouth, M. Fano ties a series of little pledgets along that string, in the same fashion as papers are tied to the tail of a kite. The string, being now pulled from the nasal end, is made, by a little management on the velum, to pass behind the latter with its four or five pledgets, until the latter are fairly lodged in the nose, the last pledget of course occluding the aperture of the posterior naris. The front may be plugged as usual. The whole is left for four days, and the success, in cases cited by M. Fano, has been remarkable.—*Lancet*.

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PRÆMIA.—The most recent theory has been promulgated by M. Alph Guérin, at the Academy of Medicine of Paris. Hitherto pyæmia had been considered as the result of an absorption of decomposing secretions, or of phlebitis. M. Guérin disputes this mode of development, and proposes a theory founded upon analogy and clinical observation. He thinks pyæmia is a kind of typhus, a surgical typhus, excited by miasmatic emanations. Ague, says the author, is engendered by marsh miasmata, purulent infection by animal miasmata. M. Guérin, it will be seen, is inclined to shake the fetters of mechanical theories, which hitherto have reigned supreme as regards pyæmia.—*Lancet*.

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ON FORCED FLEXION OF THE LIMBS IN TRAUMATIC HÆMORRHAGE.—Dr. Adelman, of Dorpat, quoted by "L'Imparziale," strongly advocates this practice, which he considers has, unfortunately, fallen into oblivion. He quoted numerous authorities in support, such as Nelaton, Anslaux, Formey, Malgaigne, Klotz, Hyrti, Vidal de Cassis, and cites a case of his own where forced flexion of the hand on the forearm and the latter on the arm arrested hemorrhage from a wound in the ulnar artery. Dr. Adelman thinks that such flexion should be had recourse to before other hæmostatic means are employed; that this practice should be made known among the people at large, so that it might be used before the arrival of the surgeon; and that soldiers in the field should be made acquainted with it.—*Lancet*.

## Editorial.

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### DIDACTIC vs. CLINICAL LECTURES AND ORAL EXAMINATIONS.

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It is to be feared that at the present time there is far too much didactic teaching, to the neglect of clinical instruction at the bedside, and oral examinations of the students, *quizzing* or *grinding* as it is called. The council of the College of Physicians and Surgeons of Ontario, insist upon the delivery of 100 didactic lectures during each course of six months. Now it will be observed that each lecturer must of necessity lecture every day in the week, Saturday excepted, which is always a holiday, in order to complete the course of lectures demanded by the council. We have no hesitation in saying that this is a great mistake, and that if the council would rather insist upon fewer didactic and more clinical lectures and "grinds," they would be making a step in the right direction. We are rather inclined to the opinion held by some very eminent men that, no matter how or in what way a student obtains his information provided he is found capable; provided he has the theory and principles of medicine well instilled into his mind, and enough practical knowledge to make him a safe and reliable practitioner, he should be permitted to practice. There is no system of instruction equal to the regular *viva voce* examination or "grind." It is universally acknowledged by the most practical men and teachers of the present day to be the most successful mode of giving instruction. It promotes a habit of thought, reasoning and reflection, and teaches the pupils to rely more upon their own resources, to fall back more upon general principles, which after all in every day practice, is the sheet anchor in many a difficult and perplexing case.

It has been truly said that "you cannot learn a man anything, but you may teach him how to learn;" he must learn for himself. This is true in medicine as in everything else. The great aim of the teacher should be to instruct the pupil how to learn, give him an opportunity to learn it, and then examine him, to see if he has learned it. Is not this the system of instruction laid down by our best masters and practically applied in our best model schools? It is scarcely necessary to refer to



the very great advantages to students of bedside clinical instruction. They should be taught how to examine and where to examine a patient; how to direct their questions to the patient systematically, so as to elicit sufficient information to form a correct diagnosis. How often do we see medical men go through the *form* of examining a patient, and ask a few disconnected questions, and then jump at a haphazard, hit-or-miss diagnosis, and pertinaciously stick to it right or wrong. We hope soon to see clinical teaching more fully recognized, and *viva voce* examination of the students more frequently resorted to as a means of testing their knowledge of the subjects taught and lectured upon. The question or questions missed by the student during a 'grind' or 'quizz,' are scarcely ever forgotten by him, and questions well answered are generally well remembered. It is also an excellent plan to follow each question by a corresponding why? The student applies cold to an inflamed part, why? He applies warm applications, why? He gives a certain remedy internally, why? What object has he in view. This system of instruction needs no further elucidation to commend itself to the teachers in our various medical schools, the profession, and the medical students in general. In conclusion we would say that that school which most fully recognizes these principles of teaching will occupy the foremost rank among our educational institutions, and will be eagerly sought after by the working medical student.

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### INCREASE OF CIRCULATION.

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With the issue of the first No. of the CANADA LANCET, the number of subscribers has largely increased, and every day brings us fresh accessions, for which we feel very grateful. We are bound to succeed in our efforts to build up a good journal in Canada, and neither means nor labor will be spared to place the CANADA LANCET in the first rank as a medical journal. All that is wanted to make it an entire success, professionally and financially, is the hearty co-operation and support of the medical profession, in whose interest it is projected chiefly. Our prospects are good, and we desire to thank our many kind friends and subscribers for their liberal support.

The present No. and every subsequent issue will be published on the first of every month, *punctually*.

## MEDICAL ALUMNI ASSOCIATION—VICTORIA UNIVERSITY.

The next meeting of this Association will be held in the College Buildings, Yorkville, on the 5th of October, at 9 a.m. Papers will be read on the following subjects: Delirium Tremens, Cystic Diseases of the Kidneys, Chloral Hydrate, Stricture of the Oesophagus, Sympathetic Ophthalmia. The annual supper will take place at the Queen's Hotel, on Tuesday evening, October 4th. at 8 o'clock p.m. Graduates, not yet members, will be kind enough to communicate with the Secretary, and, upon complying with the requirements, will be enrolled as members. The annual fee is one dollar. As the meeting takes place during Exhibition week, return tickets may be obtained without difficulty at half fare.

For further information, apply to Dr. Rosebrugh, corner of Church and Queen streets. or to the Secretary, Dr. Mullin. See advertisement.

The opening lecture of the Medical Department of Victoria College will be delivered by Professor Berryman, on Wednesday, the 5th of October, at 8 o'clock p.m.

## UNIVERSITY OF TORONTO.

### MATRICULATION EXAMINATION.

The Matriculation Examination of University of Toronto commenced on the 15th September. Sixty-four candidates presented themselves for examination, namely:

In the Faculty of Arts—For Junior Matriculation...	49
Senior do.....	6
Department of Agriculture.....	2
Faculty of Medicine .....	7
	64

Alexis St. Martin, who has been so serviceable to science from having a fistulous opening in his stomach, through which the operations of digestion may be seen, is still alive and well at Cavendish, Vermont.

UNIVERSITY VICTORIA COLLEGE.

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The matriculation examination in medicine of the University of Victoria College, will be held on the first Tuesday and Wednesday in October. The subjects of examination will be the same as those required by the Council of the College of Physicians and Surgeons of Ontario. The examination will be conducted by Prof. C. V. Berryman, A.M., M.D.

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DALHOUSIE COLLEGE AND UNIVERSITY OF  
HALIFAX, N. S.

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We have just received the annual announcement of the Faculty of Medicine of Dalhousie College and University of Halifax. The regular course of Lectures will commence on the first of November, and continue six months. This is their fourth session which they inaugurate with a full staff of Professors, so that every facility will be afforded Students wishing to avail themselves of a good sound medical education. The want of a good Medical School in the Maritime Provinces has been felt for some time, and we are pleased to notice the effort made to supply it in the constitution of the present Medical Faculty.

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HONORS.

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It is not long since we announced the election of Dr. Marsden as an honorary member of the Gynæcological Society of Boston, U. S. We have now the pleasure of informing our readers that the same gentleman was admitted a "Corresponding Fellow" of the Edinburgh Obstetrical Society, at its last meeting on the 13th ultimo, on motion of Dr. C. Bell, the President of the Society.

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There are 1179 registered medical men in Ontario: of these 93 are Eclectics and 55 Homœopaths. But it is generally supposed that there are yet upwards of 500 not registered, which would make a sum total of about 1679.

 Subscribers in arrears for vol. 2 of *Dominion Medical Journal* will please forward their subscriptions to Dr. Brock, Guelph, Ont.

## CLINICAL INSTRUCTION.

We are happy to state that regular Clinical Lectures will be delivered during the current session at the Toronto General Hospital. Two Lecturers from each of the Toronto Schools have been appointed to that duty, and the Lectures are open to Students of both Schools. This is certainly a step in the right direction, and we think the Trustees of the Toronto Hospital have shown good taste and judgment, in the arrangements they have made for the benefit of the Students in attendance.

## RAW MEAT IN DIARRHŒA AND DYSPEPSIA.

This method of treatment is becoming more generally adopted by physicians, for the cure of the above diseases. The meat used may be the lean of either beef or mutton—the most tender part. It should be cut very fine, and then pounded until it is a complete jelly, and any stringy fibres removed. It may be administered by itself, or dusted over with white sugar, or diffused in beef tea, or mixed with cold meat jelly, salt and pepper being added to season it. It is especially useful in cases where other food passes undigested. In Cholera Infantum, it is not only a remedy for the Diarrhœa, but also a means of sustaining life until the disease passes off. It is taken with avidity, and is retained on the stomach when almost every other food is rejected. It seems to be very rapidly and easily digested, and therefore well adapted to sustain the life of the patient under this most trying disease. It is worthy of a more extended trial.

## ANÆSTHETICS—THEIR RELATIVE SAFETY.

Prof. E. Andrews gives in the *Chicago Medical Examiner* the following estimate of the relative danger from different anæsthetics, in 209,893 cases:—

Sul. Ether.....	1 death to	23,204	administrations.
Chloroform .....	1	2,723	"
Mixed Chloroform and Ether	1	5,588	"
Bichloride of Methylene .....	1	7,000	"
Nitrous Oxide .....	No death in	75,000	"

## Hospital Report.

### CASE OF SCIRRHOUS CANCER OF THE MAMMA.

OPERATED ON BY DR. AIKINS.

The patient was about 50 years of age, rather thin and sallow in appearance. The whole of the right mamma was involved in the disease, and it had also extended into the glands of the axilla. The operation was performed in the presence of a number of students of the Summer private classes here. The integument covering the mamma being involved in most part, had to be removed with the tumor. The diseased gland was freely movable, and no difficulty was experienced in dissecting it off. After its removal, an incision was made from the exterior superior part of the wound into the axillary space, and the diseased glands in that region carefully removed one by one, until not a vestige of diseased structure was left.

There was very little hemorrhage, the patient made an excellent recovery, and her health has been very much improved since the operation.—*Cor.*

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### PLEASANT ITEM FOR SMOKERS.

A correspondent in New York writes us of a young man who has been for three years the victim of constitutional Syphilis, of an aggravated character. His lips and tongue are covered with mucous patches; a most offensive odor emanates from his whole body, especially from his breath, and a caries seems about attacking the bones of the nose, &c.

He is a cigar-maker by trade, and he has daily been making cigars since he was first attacked. No cigar is made without moistening the leaf with saliva, as every one knows who has ever seen a cigar made. Is it not more than probable that many who have smoked cigars of his make, and others similarly situated, have imbibed syphilitic poison, and then wondered how they got the disease?—*Boston Med. and Surg. Reporter.*

The new Anæsthesia, Hydrate of Chloral, has been tried in some cases of Typhoid fever, to quiet the delirium and procure sleep, and has been found very useful.

It is pleasing to record that the mortality has been exceedingly small.

## Original Communications.

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(To the Editor of the Canada Lancet.)

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### REPORT OF A CASE OF PERICÆCITIS.

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BY JOHN MAHAFFY, M.R.C.S., ENG., NOBLETON, O.

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On the 21st of August, I was called to see a patient laboring under severe pain in the stomach and bowels. I learned on enquiry that he had been eating plums, and I considered that the cause of his trouble. Having got a thorough action of the bowels, I gave him an opiate, and he seemed quite relieved. Seeing his father the next day, I enquired how the patient was. The father replied that he was very much better, but felt quite sore. Two days afterwards I was sent for, and on my arrival I found him sinking, pulseless, extremities cold, and suffering excruciating pain in the right iliac region. I administered stimulants, used external applications over the seat of pain, and also gave him an injection. I diagnosed deep-seated inflammation in the caecal region, but could not account for it at the time. He could bear considerable pressure over the painful part, without evincing much distress. He died that night, and as I was anxious to learn the cause of death, I asked for and obtained permission to make a *post mortem* examination. On opening the abdomen, I found a considerable quantity of dark fluid, and on examining the cæcum, I found it very much inflamed and the vermiform process in a state of mortification, with the extremity quite gone. On laying it open, I found a cherry-stone firmly impacted in the tube, a little above the opening. It was quite soft externally, and was readily cut with the knife, while the kernel was quite firm and hard. The mother now told me that the boy had complained often for some time past of pain in that region, but it was thought nothing of. This was the first case of the kind I had met with, and clearly shows the benefit of *post mortem* examinations, in order to assist us in our diagnosis of difficult and perplexing cases.

## THE LATE MEETING OF THE CANADA MEDICAL ASSOCIATION.

The Canadian Medical Association assembled in Gowan's Hall, Ottawa, on Wednesday, the 14th September, at 10:30 a.m., the Hon. Dr. Tupper, C.B., presiding; the Vice-President for Ontario, Dr. Canniff, occupied a seat on the platform, and Dr. David, of Montreal, the efficient Secretary, was also in his place, and, to the utmost satisfaction of every one, succeeded in discharging the duties appertaining to his office.

On motion of Dr. Marsden, of Quebec, the Committee on Credentials was appointed, when, on motion of Dr. Chamberlin, of Frelighsburg, Dr. Storer, of Boston, Dr. Garrish, of New York, and Dr. Sullivan, of Malden, Mass. (delegates from the American Medical Association), were invited to take seats on the platform. Dr. Brouse, President of the Ontario Medical Council, was also invited by the President to a seat by his side.

The meeting being called to order, the Secretary read the minutes of the last year's meeting, and immediately thereafter reported a considerable list of delegates from various parts of the Provinces. This preliminary business having been concluded, the next in order was the Annual Address of the President. It will be impossible to give even a synopsis of the address, which was as usual eloquent and spirited, well worthy the perusal of every medical man in the country, and to be found *in extenso* in the Ottawa *Times* of the 15th. I may say, for the information of those not more fully posted on the matter, that he gave a rapid retrospect of the doings of the Association, with the circumstances which called it into existence, viz.; the desire to knit together, more closely, the bonds of medical brotherhood; the elevation of the profession, and, *chiefly*, the promotion of medical sciences. This address had a marked influence on the Association, and was listened to most attentively. The *Nominating* Committee was then appointed, and an adjournment took place.

## AFTERNOON SESSION.

The chair was taken at about 2 o'clock. The Committees on Education and Publication reported, after which the President called for papers, when Dr. Sheriff presented and read one on *Veratrum Viride*, offering some valuable suggestions as to its use, particularly in inflammatory diseases, infantile cough, and in a certain stage of

typhoid fever. An animated discussion followed, in which a large number of members participated. Dr. Hingston then read an elaborate paper on *Acute Synovitis* from a traumatic cause. This paper was very ably written, and one on which, evidently, a vast amount of labor had been expended, and was apparently intended to give the writer's own particular treatment of these affections, viz., the early evacuation of the superabundant synovia with a trocar, before it had time to change to pus, refusing to sanction the operation after it had become certain, in the case of the knee-joint, that pus was formed. Blisters were discountenanced, except in the chronic stage, and perfect rest, in every case, strictly enjoined. The essayist divided his subject into three stages: 1st. The dry stage. 2nd. Stage of effusion. 3rd. Chronic stage, when pus is usually formed. Some parts of the treatment having, evidently, been considered by certain members rather *heroic*, it may easily be imagined that a lively discussion followed, engaged in by a large number of the most eminent surgeons present. Though I must say, in justice to the writer, that though his remarks were most closely watched and criticized, and though called upon to answer some rather far-fetched and abstruse questions, relating to theory as well as practice, his reputation suffered none by the ordeal through which he was called to pass; indeed, before the matter was concluded, I had come to the decision that this paper on synovitis, with the discussion thereon, was well worth the trouble and expense, occasioned by a trip to the Capital, even if nothing else on any other subject were provided.

The above having been concluded. Dr. Garrish addressed the Association on some uses of the Calabar Bean, as the production of contraction of the pupil of the eye; treatment of amenorrhœa, by something perfectly new to me, which sounded like *Tesor Tesin*, and may, for anything I know, be quite mythical. Dr. Garrish also described minutely his treatment of pregnant women (by the extract of belladonna), on whom it became necessary to produce premature labor.

The Committee on Ethics was then appointed, after which Dr. Howard proceeded to read the new Medical Bill. At the conclusion, an interesting discussion took place on the general features of the Bill, and some rather energetic speeches were listened to, partly on it and partly on the Ontario Medical Act, from which Dr. McGill considered pretty copious extracts had been taken. This discussion continued to nearly 6 o'clock, when, on motion of Dr. Hingston, seconded by Dr.



Bethune, the Association adjourned until 9:30 a.m. the next day, the President deciding that the Bill required some hours for thorough digestion.

SECOND DAY'S PROCEEDINGS.—SEPT. 15TH.

The Association assembled at 9:30 o'clock, the President, Dr. Tupper, in the chair. After the routine business and the election of members, &c., had been concluded, Drs. Storer and Sullivan, respectively, addressed the Association. The discussion of the Medical Bill was then resumed, again on general principles, with some sharp criticisms on the law admitting to practice in the several Provinces of the Dominion, till 12 o'clock, when an adjournment took place until 2:30 o'clock p.m.

The Association assembled at the above hour, Dr. Tupper presiding. Dr. VanCortlandt addressed the Association on *Entozoa*. The Doctor pointed out the difference between cystic and cystoid entozoa, and the unaccountable fact that one class of animals, by a process of alternation of generation, changes into the other; indisputable facts were advanced to show that sections of tape-worms were transposed, from herbivorous animals to the abdominal cavity of carnivorous animals, when perfect tape-worms were the result of the experiment; more than this, the cystoid animal, whether in the pig, rat or mouse, when eaten by a dog or cat, invariably led to cystoids, tape-worm, in one form or another, being the invariable result. Specimens of Gordin's aquaticus, from the cricket; of hookless tape-worms, two specimens, each eight inches long, from the body of a scarlet-bellied minnow only two inches long; cysticereus cellulosa, from the liver of a pig, the probable cause of trichinous disease; a rare and most beautiful specimen of linguatula, taken from the larynx of a colt, in which case it produced death of the animal, was also exhibited; and a most minute and apparently undescribed variety of acarus, from a patient 80 years of age, and which for 40 years had baffled all remedial measures, general and mechanical, were shown to the interest of the Association. At the conclusion of the paper, a vote of thanks was passed to the Doctor, for his able explanation in relation to this new and important subject. Similar votes, I should have said, were passed to the other essayists at the conclusion of their respective papers.

The discussion of the Medical Bill was next proceeded with, introduced by Dr. Howard, in a very cleverly conceived speech, explaining its general provisions, with the benefits likely to arise from

its adoption by the Dominion. His remarks, of course from a Quebec view, were, to Quebecers, plausible. The preamble having been adopted, and the first clause presented, Dr. W. W. Ogden, of Toronto, rose and moved the following resolution, which was seconded by Dr. Botsford, of New Brunswick,—“That the further consideration of the Bill be postponed for 12 months, and that, in the meantime, a Committee be appointed to re-consider its provisions, at an early day, and transmit a copy to every registered practitioner in the Dominion, whose name and address are known, requesting his suggestions thereon. The Committee to be prepared to report at the next meeting of the Association.”

After a long discussion on this motion, which seemed to be viewed favorably by a large number, especially from Ontario and the Maritime Provinces, it was agreed to consider the more prominent clauses *first*, and *finally* to refer the Bill, with the suggestions of the Association, to the Committee, in accordance with the spirit of this resolution. And now commenced the slaughter of this *peculiar* Bill.

Clause I.—Carried.

Clause II.—Specifying the name and its composition, viz., of all licensed practitioners in the Dominion.—Carried.

Clause III.—Appointing General Council.—Carried.

Clause IV.—As to the composition of the General Council—Amended—so as to read—composed of 30 members, instead of 24—10 from Ontario, 10 from Quebec, 5 from Nova Scotia, and 5 from New Brunswick. One member from each Medical School or University, exercising medical functions of either teaching or examination of Students, and conferring degrees—the remainder from the general profession.

Of course the proportion of representatives from Ontario, as compared with the several other Provinces, was not considered as anything like equitable, either by members from Ontario or Quebec, at least not by all of them—as a resolution by Dr. E. H. Trenholme, of Montreal, clearly showed, nevertheless, the representation, as above, was allowed to stand, subject, I suppose, to the revision of the Committee.

The disposition of this Clause, rendered useless—the remaining Clauses, to Clause VII, proffering Branch Councils, which was at once opposed, chiefly by Drs. R. H. Russell, Trenholme, Parker, Oldright, and Ogden. On motion of Dr. Russell, of Quebec, this clause was abolished, thus rendering useless a good deal following that depended upon it.

The Association adjourned till 7.30 o'clock, resuming again at the appointed hour. Drs. Storer and Sullivan were elected members of the Association, and asked to take part in the discussion. After these gentlemen had made their speeches in reply, the consideration of the Bill was at once commenced.

Those only deemed by Dr. Howard as important, were considered for want of time.

The next Clause was XXV—having reference to examining Boards—recommending *three*—one for Ontario and Quebec respectively, and one for the two lower Provinces. An animated discussion followed, which resulted in the *abolition* of this clause and all subsequent clauses depending upon it, and a central examining Board for Dominion recommended instead. In reference to this XXVth Clause, I observed some rather sharp criticisms by the delegate from the Toronto School of Medicine. I may further remark, that viewing more closely *since* that Clause, and the XXVth with the three subsections following, those strictures were not altogether uncalled for or inappropriate; they will be worth a careful perusal, though of course they were not admitted. The XXIIInd Clause was admitted as quite fair. The XXIXth Clause, attempting to prevent without consent of the General Council, the multiplication of Schools, though well intended, was considered as tending to interfere with the "liberty of the subject." The following words were substituted, that "no such School shall *necessarily* be recognized by the Council." This will be a healthy restriction, as preventing or discouraging the establishment of small and inefficient Schools. The penal clauses were then generally discussed, and it was finally agreed to recommend that in cases where fines are inflicted, in default of payment, the defaulter should be subjected to 30 days imprisonment.

The Bill matter having been concluded, the Association proceeded to the election of officers, and to determine the next place of meeting. Quebec City, by a small majority, "accomplished its desires" in this respect, for September, 1871.

Hon. Dr. Parker, of Nova Scotia, was elected President; Dr. Dickson, of Kingston, Vice-President for Ontario; Dr. Chamberlin, of Frelighsburgh, Vice-President for Quebec; Dr. Bayard, Vice-President for New Brunswick, and Dr. Black, Vice-President for Nova Scotia. General Secretary, Dr. David, of Montreal. General Treasurer, Dr. Robillard, of Montreal. Secretary for Ontario, Dr. Henry, Ottawa; Secretary for Quebec, Dr. Blanchet, Quebec city

Secretary for New Brunswick, Dr. Steeves; Secretary for Nova Scotia, Dr. Reid.

The Committee, to whom was referred the Medical Bill as amended, is composed of Drs. H. H. Wright, Brouse, Canniff, McIntosh, Dewar and Dickson, for Ontario; Drs. Rottot, Hingston, R. H. Rupell, David and Howard, for Quebec; Drs. Bayard and Botsford, for New Brunswick, and Drs. Parker, Tupper and Reid, for Nova Scotia.

A few thoughts respecting the Association and the late meeting. It is impossible to estimate too highly the importance to the profession and to afflicted humanity, at least in this Dominion, of the Canada Medical Association, knit together as it is by a common medical brotherhood, with the chief desires for elevating the profession and alleviating the maladies of mankind: governed as it is by the voice and energy of the general profession throughout these Provinces, in a way which renders it incumbent upon every member thereof—if he be endowed with a true spirit of philanthropy and emphatic patriotism; it would appear, indeed, difficult to understand how it can fail to effect the object contemplated by its promoters. I would say to the profession, who hold the reins, would it not be well to have medical societies for every county, and see to it that at least a delegate be sent from each society to the meetings of the Association, wherever held? Give the delegate your views, and, if possible, go to the meetings yourselves also.

I wish to direct the attention of societies to the 4th section of the Medical Bill. I strongly hold that, as in matters political, Representation by Population seemed a sound principle. So in regard to the representation in the General Council. A Quebec friend of views broader than common apparently, suggested that universities and schools of a certain class (before mentioned), might have one representative each, and that the remainder in each Province be in proportion to medical population. This I dare say would meet the views of the chairman of the Select Committee, who is deserving of great credit for the attention he has bestowed on the subject, as well as the views of the delegates from the lower Provinces; and if the principle be correct, we in Ontario ought not, I am sure, to hesitate to meet fairly these gentlemen who are desirous of consummating objects so beneficial to all the Provinces alike.

On motion of Dr. Craik, seconded by Dr. Ogden, the thanks of the Association were conveyed to the Hon. Dr. Tupper, for the efficiency

Similar votes having been given to the officers and to the chairman of the Bill committee, the Association adjourned.

I now bring these remarks to a close, by merely expressing the hope, that every member of the profession in the Dominion will consider it his duty to share in the efforts and responsibilities now about to be more earnestly assumed, and that the next meeting of the Canada Medical Association will be, like that in Ottawa, characterized by the utmost harmony and good feeling amongst the members who may be permitted to take part in its business.

NUNCIATOR.

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### OBITUARY.

JAMES COPELAND, M.D., F.R.S.

This well-known and greatly celebrated author died in London, July 12th, from an attack of hæmaturæa, with prostatic complications, and uræmia, at the age of 78. His great work, the *Encyclopædic Dictionary of Medical Science*, cost him 30 years' labor, and it is a monument of energy and self-reliance such as is rarely met with. Every line of it was written by his own hand. It is just 12 years since it was completed. He graduated in Medicine at the University of Edinburgh in 1815. He travelled on the continent about five years, and finally settled down to practice in London, after having passed the Royal College of Surgeons. He was for many years a lecturer in the Middlesex Hospital. He became a fellow of the Royal Society in 1833, and in 1825 he commenced the *Encyclopædia*, that great work which has rendered his name famous in the medical and literary world.

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### DEATH OF MRS. W. MORLEY PUNSHON.

The wife of the Rev. Wm. Morley Punshon, died on Friday, the 23rd ult., æt. 37 years. The cause of her death was *post partum* hemorrhage shortly after the delivery of a still born child. She was attended in her confinement by Dr. Aikins, and when

hemorrhage set in Drs. Canniff, Ogden and Barrick were called in. Every effort was made to save her life, but from the outset she seemed to suffer a great amount of shock from the loss of a moderate quantity of blood.

This sad intelligence causes a feeling of deep sympathy for Mr. Punshon, in his bereavement, wherever his name is honored and his services to the church known and appreciated.

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### VON GRAEFE.

PROFESSOR VON GRAEFE, who has long been in precarious health from phthisis, died in July. He had for some months been away from his practice; but the fact that he had survived several severe illnesses of a similar nature made his friends more hopeful than they would otherwise have been. In him the world loses its foremost ophthalmologist, one whose brilliant originality was equalled only by his steady industry. Not only was Graefe great in the practice of his profession, but as a teacher his influence was almost unbounded. Although comparatively young himself, he had taught almost all the present school of ophthalmic surgeons. His introduction of iridectomy was, without doubt, the greatest step in the operative surgery of the eye since the introduction of operations for the cure of cataract. Probably, there are now living some thousands in the possession of sight, who but for him would have been in darkness. It is one of those gains which is complete in itself, permanent, and beyond the reach of skepticism. It is priceless. Graefe was an untiring observer, and never allowed his pressing engagements to interfere with the record of his vast experience for the good of others. Although he had done a vast amount of other work, still, however, his discovery of iridectomy shines with such preeminent lustre that the inscription,

“HE CURED GLAUCOMA,”

would be by no means inappropriate. As a man, Graefe was everything that is admirable, and secured the love of all who knew him. He was open, generous, unostentatious, eager both to give and receive knowledge. His personal appearance was as remarkable as the qualities of his mind. His face so closely

resembled one of the extant portraits of our Saviour, that he was known amongst some of the less reverent of his countrymen by the cognomen of *Christus*, a fact which sufficiently implies its highly spiritual type of beauty. The *Wiener Medizin, Wochenschrift*, in announcing Græfe's death says: "German science loses in him one of her greatest celebrities, and suffering humanity one of its greatest benefactors. With Græfe, a combination of geniality, erudition, self-devotion, energy, and amiability, such as is rarely found in one man, has descended into the grave. His name will ever remain most prominently connected with the history of ophthalmic surgery." According to the same journal, he was only forty-one years of age at the time of his death.—*British Medical Journal*.

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#### BOOKS AND PAMPHLETS RECEIVED THIS MONTH.

We have received from W. Wood & Co., New York, vols. 1, No. 2, Archives of Ophthalmology and Otology, which is replete with useful information on the subjects upon which it treats. It contains a number of most excellent plates, is printed in good type on good paper, and altogether very well got up. It is published simultaneously in English and German by Prof. Knapp of New York, and by Prof. Moos of Heidelberg. We heartily commend it to our readers.—Copp, Clark & Co., Toronto.

*The Physical Exploration of the Rectum, by Wm. Bulenham, A.M., M.D.*

This is an admirable little work of 54 pages, illustrated by numerous drawings. In the first section he refers to the want of practical knowledge on the subject of rectal diseases, and attributes it to the neglect on the part of the practitioner to make a proper examination, and the disinclination of the patient to submit to it. In section II. he gives the anatomy of the rectum its situation, size, shape, capacity and relations to other parts. He denies the existence of valves in the rectum. Section III. treats of the physical exploration of the rectum; instrument used, position of the patient. The author deprecates the practice of rupturing the sphincter ani as a means of diagnosis, and asserts that the anus and canal may be sufficiently dilated without recourse to such unjustifiable means. Section IV. gives a brief

description of the instruments used in sounding the rectum, and their mode of application, to which is added an appendix on the ligation of hemorrhoidal tumors.

The book deals practically with a subject about which very little is said in our ordinary surgical works. The work is creditable to the author, and is well worthy a careful perusal. It may be ordered through Copp, Clark & Co.

We have also received from W. Wood & Co., through Copp, Clark & Co., "The Theory and Practice of Obstetrics," by Byford, and "Lay Sermons and Addresses and Services," by Thos. Henry Huxley, LL.D., F.R.S., from Adam Stevenson & Co., Toronto, but as they came to hand just before going to press, we will review them in our next number.

*Half yearly compend of Medical Science.*

" " *Abstract of* " "

*Every Saturday*, with Supplement. An excellent illustrated family paper, published by Fields, Osgood & Co., Boston.

*The Medical Independent*—A family medical paper, published by W. Paine, M.D., Philadelphia. Subscription price one dollar per annum. See advertisement.

*Madame Demorest's* semi-annual book on Dressmaking, 838 Broadway, N. Y.

Dr. Charlton Bastian states, in a letter to the *Times*, that he has made experiments which he believes go far towards the settlement of the vexed question as to the possibility of a so-called "spontaneous generation" of living things. He says that he has come to the conclusion that organisms are to be met with in hermetically-sealed vessels from which all air has been removed, and after the contained fluids have been raised to a very high temperature. He will shortly submit to the Royal Society a full account of his experiments. The letter we are quoting is a criticism on Professor Tyndall's arguments for the germ theory of disease, which Dr. Bastian urges are only good on the assumption that the low organisms, usually associated with putrefactive stages, spring up *de novo* without parentage.—*London Medical Times and Gazette*.



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Original Communications.

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CAPSICUM IN DELIRIUM TREMENS.

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Having noticed the use of capsicum in delirium tremens, I resolved to try it in cases just a stage short of actual delirium. The more so because the few cases, occurring in my practice, treated in the usual routine method, proved quite unsatisfactory. A constant prudential fear of the toxic effects of large doses of opiates on the one hand, and excessive prostration by depressants on the other, provoked perhaps over-cautiousness, and therefore the critical sleep appeared always too tardy in its approach, giving great anxiety to myself, the patient, and his friends. The two cases here recorded speak for themselves.

Mr. S., age 25, had been on a debauch for several days. I saw him on the 4th inst; he had not slept for a couple of nights; headache, watchfulness, fear, tremors, eyes restless, pulse rapid, indeed a victim of pity. I ordered him *R capsici grs. xl., saponis q. s. misci*; divide in pill viij. Take four immediately, and repeat the dose in four hours, unless sleep intervenes. Next morning he went on his way rejoicing; he was a traveller.

CASE 2.—J. C., aged about 35, had been drinking for three weeks in succession, until the brain became emphatically intoxicated; he had not slept for ninety-six hours, at which time

excessive and continuous vomiting occurred, producing severe prostration, Opium in large doses—fifty drops of the tincture—were given, but the stomach instantly ejected it. My aid was now solicited. I sent him effervescing powders, hoping thereby to allay the emesis, also opium in pill form, two grain doses; all were fruitless.

I was now sent for, and I found the patient with all the symptoms noted in the previous case fearfully exaggerated; tremors so excessive, that every muscle seemed to play truant; his fear amounted to horror; he plead not to be left alone; perspiration profuse; emesis unremitting; medicine, water, fluid or solid were alike expelled. I ordered him the same as case first, and was fearful lest that, too, would meet with the same fate and be expelled. I remained with him, engaging his mind in conversation; in fifteen minutes an improvement was noticed, in thirty minutes a general warmth in the stomach assured me of the characteristic action of the drug. In two hours I felt satisfied, it was acting like a charm: emesis ceased, nothing but a little nausea remaining; patient more quiet, but complained of extreme thirst. I withheld fluids of every description for an hour, at which time he took water—a tumbler full; it nearly cost him a return of vomiting. I now left him, and ordered the second dose in two hours, unless sleep intervened. I saw him early in the morning, he had continued to improve, and, after the second dose, had slept considerably. The patient was rapidly recovering his normal status.

It will be noticed in this case that it had a prompt effect on the vomiting, and a very early calmative effect on the nervous centres implicated.

I will not at present speculate on the physiological action of the drug; this is a subject for the *savans* of the profession to determine. Whatever be its *modus operandi*, the results are unquestionable, and would certainly recommend its use in similar, as well as more aggravated cases.

W. S. C.

Flesherton, Sept. 20, 1870.

## ABSENCE OF THE EXTERNAL ORGANS OF GENERATION—PROBABLY ALSO OF THE UTERUS AND ITS APPENDAGES IN A YOUNG LADY.

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BY P. CONSTANTINIDES, M.D., M.R.C.S., TORONTO.

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The patient, a delicate looking little girl, was brought to me for advice about four years ago. A few months previous to her application she took a severe cold, and ever since she had been suffering from a hacking cough, shortness of breath, and constantly increasing general debility.

The first point of interest which her case presented and which somewhat perplexed me, was the mention of her age, for while her aunt, who brought her to me, positively asserted that "Nellie" was several months past her *seventeenth* year, she certainly did not appear to me that she could possibly be, at the outside, much over *ten* years of age, and my surprise was greatly increased when, while sounding her lungs, I observed that not only her mammae were wholly undeveloped, but also the areolae and the nipples appeared extremely diminutive and rudimental. A careful examination of her chest revealed extensive lesions all over the upper half of her left lung. I prescribed for her the hypophosphites, a generous diet, and above all abundance of sunlight and pure air. Under this treatment she soon began evidently to improve, and, being near the early part of the summer, in order to give her every opportunity for recovery, her friends took her away to the country. Up to this time although more than seventeen years of age, she had never menstruated.

I had never seen or heard anything more of my little patient for fully three years, when I was called one evening to see her in her bed. She had recently returned from the country, where she had been living more or less during all this time in comparative good health, although her cough had not entirely left her, and, to use her aunt's words, "she had never been yet like other girls of her age." She was now suffering from a severe attack of dysentery, which in addition to her other troubles helped to prostrate her very low. The constant tenesmus and the great irritation in the lower part of her

rectum gave rise to extensive hemorrhoidal tumors around the anal orifice, which had ulcerated, and caused her great distress. While engaged in examining these parts, I was surprised to discover that my patient was indeed not like other girls in more than one respect. She hardly presented any traces of the external genitals. No labia were to be seen, no nymphæ, no vagina, no clitoris, no mons, in short no appearance whatever even of the very rudiments of the external organs of generation. A slight crease about one inch in length and a few lines deep, covered with a roughened sort of mucous membrane having much the character of the adjoining epidermis over the perineum occupied the place of the vulva. In the centre of this, a small opening indicated the orifice of the urethra through which a female catheter which I introduced passed directly into the bladder.

Although it was more than three years since I had seen her last, and she was now past her twenty-first year, her sexual system was wholly undeveloped, and she looked and acted in all respects like a child.

Her dysentery was easily relieved, the hemorrhoids alleviated, her general health considerably improved, and ere long she was enabled again to sit up in her easy chair, and to amuse herself with books and fancy work, and she spent the days of her confinement in comparative comfort, yet it was evident her decline slowly and steadily gained the ascendancy, and she gradually wasted away and died in her twenty-second year with all the symptoms of pulmonary phthisis.

On her death, I entreated her friends to allow a post-mortem and to let me have an autopsy of, at least, the contents of her pelvis, but the same morbid delicacy, which against all my urgent and incessant requests, prompted them to refuse any other medical man to be a witness of her deformity during her life, led them also to kindly yet decidedly refuse my request at the end.

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PROF. GUNNING S. BEDFORD, M. D., died in New York, on the 6th of September, at the age of sixty-four years. He had long been an invalid, having been attacked with hemiplegia in 1864, while in the midst of an active practice, and since then he had three or four other attacks.

## INGUINAL HERNIA—REDUCTION IN THE ERECT POSTURE.

BY WILLIAM MCGEACHY, M.D., IONA, ONT.

Mr. H——, aged 35, called me in the evening of the 19th to prescribe for a "cold" which he alleged had settled in his bowels. He had been teaming grain, and returning late without sufficient clothing, had apparently contracted the present disorder.

I gave him an anodyne diaphoretic, to be followed in the morning by a purgative draught,—20th. Abatement of fever, pulse natural; no movement of the bowels. Symptoms, however, somewhat puzzling, pain localized. Made careful exploration of the inguinal canals; and *fancied* something abnormal around the ring on the right side. Gave, nevertheless, a pill of opium and blue mass, to be followed up as before, and hinted to patient the possibility of a partial rupture. Made arrangements to call next morning, but was suddenly summoned in the night. Distinct symptoms of peritonitis, vomiting, pathognomonic posture, and a countenance expressive of great anxiety,—cough. A glance at the parts gave ocular proof of a complete hernia about the size and shape of a small tomato. Told my patient his condition, and immediately ordered a large enema containing one drachm of laudanum.

The moment of its action, I placed him in the approved position, and set about the returning of the bowel. It was plainly strangulated. Enema came away in the midst of proce-  
dures, with a small quantity of fecal matter—the first for four or five days. Laboured patiently and anxiously for an hour and a half, but with hopeless progress.

Was debating in my own mind the propriety of calling immediate counsel, and proceed to relieve with the knife. Next resolved to give chloroform a fair trial, and in case of failure, act according to circumstances. Suddenly bethought myself of attempting reduction in the erect posture—a method much spoken of in the Medical Press. Accordingly, I made my patient stand perfectly erect with knees in apposition. Syncope supervening, had to desist. Gave fifteen minutes' rest, and recommenced attempts at reduction. Gave a little whiskey and ammonia.

After a short trial, was gratified with a material progress, and in less than three minutes' heard the rumbling which accompanied a complete return of the bowel. Patient again fainted. Prescribed opium and complete rest.

I shall not follow the case further, but close with a few remarks :

*Firstly.*—Obstinate constipation, or complete occlusion, may sometimes be caused by a partial incarceration of a portion of an intestine, which neither digital examination nor any physical means can properly demonstrate. The extreme importance of a proper diagnosis in suspected cases need not be insisted on. This patient had taken for two or three days previous enormous doses of salts, but without any effect;—this I was not aware of at the time. I had a very interesting case of this kind some time ago, which terminated on the fourth day in complete relief, by spontaneous reduction.

*Secondly.*—Is the erect posture the proper one, or only accidentally advantageous? Might I presume to offer a theory to my medical brethren, which, in the absence of any other that I am aware of, may be thought worthy of some consideration?

*I believe that the proper position, theoretically, for the reduction of a strangulated inguinal hernia, and in which alone the co-operation of dynamic agencies can be utilized, is the erect posture, with the flexure and adduction of the thigh.*

The means to be used are obvious. If beforehand the colon be well evacuated, or as much so as possible, every rational preparatory condition will have been fulfilled. In the old position, but one force is brought to bear—the *pushing force* used by the operator, if I may so term it. By this method we have also a pulling force (*viz.* a fronte), namely, the weight of a large portion of the bowel striving to drag the remainder from its posture of imprisonment. Why not, then, invert the patient, and secure the action of this new force in a still greater degree? Simply this: The rhythmic action of the diaphragm forbids the continual operation of this force, and should it have any effect, it often leaves matters *in statu quo*, during its contraction. Besides the force here would generally be acting at an angle, the ring being the fixed point.

*Thirdly.*—Many practical men prefer this method of reduction, without regard to theory.

THE OPENING OF THE MEDICAL DEPARTMENT OF  
VICTORIA UNIVERSITY.

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The proceedings attending the opening of this institution during the past week have been of unusual interest. The medical Alumni Association, consisting of the graduates in medicine, held its annual meeting, which was well attended, and at which several very interesting and instructive papers were read and discussed. The Alumni residing in Toronto availed themselves of the occasion to entertain their brethren from the country, with several other gentlemen. The supper was given at the Queen's, on Tuesday evening, the 4th inst. In compliance with the particular request of the committee of arrangements, the Dean of the Faculty, Dr. Canniff, occupied the chair, and Dr. Agnew the vice-chair. Among the guests were the Professors of the Medical Faculty, Dr. Hodgins, of the Education Department; W. W. Dean, Barrister, Belleville; Drs. McGuire and Tuck, of Guelph; Corbett, of Perrytown, and others. The object of the entertainment was to bring together in a social way the graduates, and to perpetuate the feelings of brotherhood formed while together as students. The speeches of the evening were marked by a spirit of fraternity, and devoted attachment to the *Alma Mater*. This rallying round the institution by graduates of all creeds, from different sections of the province must prove gratifying to the gentleman who has recently been called to preside over the Medical Department. Among the toasts of the evening was one to the late venerable Dean, the Hon. Dr. Rolph, to which Dr. Canniff was requested to respond. In doing so he expressed his sense of the honor conferred upon him by the committee in allowing him to respond. He referred to the many excellencies of the veteran teacher of medicine, whose ability to teach he had never seen equalled in the new or old world. He concluded by expressing not alone his personal regret, but that of his colleagues, that the hope always entertained by them that Dr. Rolph should continue to hold, as long as he lived, his position of Dean, had been unfortunately destroyed.

The introductory to the course of Lectures was delivered on Wednesday evening by Prof. Berryman, at the College, Yorkville, to a large audience, composed of students and the general public.

The lecturer was introduced by the Dean, who in a few complimentary words, pointed to the fact that Dr. Berryman had been for thirteen years an honoured and successful teacher, and that his services had not been confined merely to lecturing in the winter, but that in season and out of season he had devoted his energies to the interests of the University, by discharging the onerous duties of Secretary, not in an intermitting way, but in summer as well as in winter. Moreover, as a representative to the Medical Council, he had rendered important services. The honoured gentleman held the assembly in unwearied attention while he delivered in his usual classic style, a very learned address upon the duties and responsibilities of the medical profession. At its close a vote of thanks was tendered to him. The Professors were present in their academic costume, and the proceedings generally were of the most interesting kind. On Friday evening Prof. Sangster gave a public introductory to his course on Chemistry, which was largely attended. The lecture was characterized by great ability, with a profound knowledge of modern science and medical lore.

We are glad to be able to state that a very large number of students have already registered, and that the prospects of the school are, if anything, better than at the same time last year. We see by our Hamilton exchanges that Dr. Mullin, who had been assigned an important branch in the College, was upon the occasion of his departure from Hamilton, entertained by the medical profession of that city to a complimentary dinner. The speakers, among whom was Dr. Ormiston, bore most eulogistic testimony to the worth of Dr. Mullin as a man, a physician, and a Christian.

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QUANTITY OF CARBONIC ACID CONTAINED IN THE AIR OF SCHOOL ROOMS.—Dr. Breiting (*Chem. News*) made a series of fourteen experiments, beginning at 7.45 a. m., and continued to 4 p.m., in a room of 251.61 cubic metres' capacity, and containing 64 children. The quantity of carbonic acid contained in the air of that room during these experiments varied from 2.21 to 9.36 per cent, while free open air contains four ten-thousandths of that gas; and a quantity 1 per cent. of the same gas present in air is considered injurious to health.—*Medical and Surgical Report.*



## Editorial.

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### OUR MEDICAL ETHICS.

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We have a code of medical ethics, compiled chiefly from American sources, which has been adopted by the Canada Medical Association, and is supposed to guide us in our conduct towards our patients, the public, and our brother practitioners. Yet it must be acknowledged, however humiliating the confession, that the open and unblushing violation of all ethical considerations is as often the rule as the exception. In Great Britain there is no written code of ethics, but there is, what is far more effective, a public opinion both in the profession and out of it, which keeps everyone, except the very lowest, from any flagrant breach of courtesy. We, however, can boast of a sublime disregard of our written code, while the public, by regarding our profession merely as a means of livelihood, sanctions in the prevailing spirit of the age, anything which savours of smartness.

Of course the peculiar manifestations of this evil depends upon locality and circumstances. In the cities, as a rule, people have some notion of professional etiquette, and flagrant breaches of it are comparatively rare. But then we have in every large town a class of people, well to do mechanics and small tradesmen, who have worked themselves up from nothing to their present positions. These men cannot understand that a professional visit, occupying perhaps a quarter of an hour, can possibly be worth a dollar, although they may be far better able to pay it than some struggling clerk, or needy gentleman, whose income is totally inadequate to his presumed position. On the other hand there are a large number of medical men, trying to struggle against enormous competition, into a practice sufficient to keep themselves and their families in comfort. Then what follows as a natural result? Dr. X. gives it to be understood amongst a certain class, that his charge, after the first visit is only fifty cents, or even less. His practice increases rapidly, though he may have to work pretty hard for his money. Still he gets rich, while others go on year after year in comparative poverty. There is a great difference between this course, and that of merely moderating the charge to a person in poor cir-

cumstances. In the latter case the Doctor says, "My charge is always a dollar a visit, sometimes more. If *I* think you are not able to pay for every visit, I will make such a reduction as your circumstances warrant; but that is for me to decide." In the former case he says, "Come to me, my charges are small." The one relieves the really poor, the other the stingy. The one has the sanction of the highest members of the profession, both here and in England, the other is despised by every respectable practitioner.

In country practice we see the evil cropping up in even a worse form. The utter ignorance in a large proportion of the people, of the difference between a profession and a trade prevents their understanding the necessity, in the former, for a high and honourable course of action. They look upon medicine as an exact science, and consider a want of success as almost necessarily implying a want of skill. Of this ignorance an unscrupulous man is not slow to take advantage. He does not hesitate to spread reports to the detriment of his brother practitioner, and prides himself upon his highly professional conduct, if he happens to keep within the letter of the code, though he entirely disregard the spirit. It is not uncommon for differences of opinion in consultation, and errors, or supposed errors, of diagnosis, even when purely theoretical, and having no practical bearing on the case, to become village gossip. Dr. Y. having said to some of his friends, that poor Mrs. A. might have been alive now, if *he* had only been consulted in time. An excellent man Dr. Z., but a little old-fashioned now, scarcely knew what was the matter. All of this, told with an air of confidence, is in nine cases out of ten believed. The following, vouched for by a country practitioner with whom we are personally acquainted, shows how easily honest, simple-minded men, can be misled by a little bluster. An old farmer, speaking of a practitioner in his neighborhood, said, that in all the bad cases they had to go to him in the end, as he was by far the cleverest man in the country; and added in perfect sincerity, "*It is true, for he told me so himself, and who ought to know better than him.*" How few of us have not been told by some gossiping woman, perhaps while attending some tedious case of labour, of the superior merits of Dr. So-and-So, which when analysed consisted merely of a pompous assumption of superiority, and unmeasured condemnation of everyone else.

"If you will throw that medicine out of the window, ma'am, and follow my directions exactly, I will save your child if it is not too late," is a favorite way, with gentlemen (?) of that class, undertaking a case previously treated by a brother practitioner. Such a policy, however, is short-sighted at the best, as an opportunity for retaliation must come, sooner or later, and the argument *post hoc, ergo propter hoc*, will be applied to the offenders first unsuccessful case by a host of indignant rivals.

Because we have written, as we feel, strongly, we do not wish our English and American brethren to conclude that such practices prevail almost universally among us, and that honourable professional conduct is the exception rather than the rule. But we do say that they are altogether too common, and, what is of more importance than their actual frequency, they do not meet with that condemnation from the body of the profession and the public, which they deserve, and until they do, they will always, to a greater or lesser extent be the curse of the Canadian profession. Our written code has proved powerless by itself, then let us resolve, not merely to carry it out ourselves, but to unite in such a determined crusade against offenders, that self interest, which is the only way some men can be reached, will induce them to keep within such limits that our professional differences will cease to be the favorite theme for old women's gossip.

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#### HAMILTON MEDICAL AND SURGICAL SOCIETY.

At the regular monthly meeting of the above Society, held at its room recently, among other business transacted, was the resignation of the Secretary, Dr. Mullin, whose retirement from the office is necessitated by his acceptance of a Professorship in the Victoria School of Medicine, Toronto. The following resolution in reference thereto was carried: It was moved by Dr. McKelcan, seconded by Dr. McDonald, "That the Hamilton Medical and Surgical Society regrets to receive the resignation of the office of Secretary by Dr. Mullin, in consequence of his removal to Toronto, and in accepting the same, to convey to him their cordial thanks for the efficient manner in which he performed the duties of the office for several years; and they would

further express their wishes that his new sphere of duties may meet his highest expectations." It was then moved by Dr. Case, seconded by Dr. Geo. McKelcan, "That Dr. Chas. O'Reilly be elected Secretary and Treasurer of the Society, which office has been rendered vacant by the acceptance of Dr. Mullin's resignation."

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### TORONTO SCHOOL OF MEDICINE.

This institution opened its 28th session on 10th of October without any formal introductory, each lecturer going on with his regular work, making such introductory remarks as the character of his branch seemed to require. Several important changes and additions have been made in the *personnel* of its staff during the summer; but the arrangements made by this School for the delivery of regular clinical lectures on medicine and surgery *at the Hospital*, four times a week, by two such competent lecturers as Drs. Beaumont and Geikie, will, we have no doubt, give the highest degree of satisfaction to the profession and students of Ontario; and as the Hospital Trustees have generously aided as far as they could the perfecting of the arrangements, we take it as an acknowledgement on the part of both School and Hospital of the correctness of the position hitherto taken by this journal with regard to the importance of "clinical instruction." The students express the highest degree of satisfaction with all the changes made. The classes, we are told, are *generally* much larger than they have been other years at this time, while the numbers of fresh men entered are considerably in excess of previous years.

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### COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

MATRICULATION EXAMINATION, TORONTO, SEPTEMBER, 1870.

The following gentlemen have successfully passed the Matriculation Examination of the College of Physicians and Surgeons of Ontario:—

A. J. Campbell, R. W. Hurlburt, T. W. Howard, Robert

Laton, George Shaw, Thomas Gilbert, Jerrold Ball, Chester Carey, Ephraim Hopkins, John S. Balmer, Duncan Cameron, C. E. Taylor, W. S. Stuart, Campbell Brown, S. E. Birdsall, Anthony McGill, James Newell, Andrew Luke, D. McFayden, K. H. Cameron, William Nichol.

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Names of those gentlemen who recently passed the matriculation examination of the Medical Council held lately at Kingston, Ont.—Messrs. J. E. Eakins, E. O'Neill, J. Jones, J. W. Barton, M. J. Beeman, H. Brown, H. J. Hopkirk, G. Moore.

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#### A FEW REMARKS ON THE PROPERTIES OF COD LIVER OIL AND THE HYPOPHOSPHITE OF LIME.

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The efficacy of cod liver oil in the treatment of consumption, sub-acute and chronic bronchitis, in diseases of the skin, in scrofulous affections of the eyes and other important organs, as well as in debilitated conditions of the system in general, has already been established beyond all doubt, and even the most sceptical must admit that it is the only reliable remedy for the removal of tubercles from the various tissues, organs and glands, into which they have been deposited, and that it is also a safe and certain preventive in persons who may be hereditarily pre-disposed to their formation.

Physiologists and pathologists inform us that these tubercles are due to a deficiency of oil in the blood, and to altered *nervous action*, which produces deficient nutrition of the various organs, or defective assimilation of the articles taken into the stomach as food. These tubercles are observed at first as numerous small grey masses, about the size of a millet seed or pin's head, which may remain in a quiescent or latent condition for years, without occasioning any very perceptible symptoms; nevertheless, they will assuredly, at some future time, soften or break down and produce irritation in the membrane which immediately surrounds them, causing ulceration, which, if not judiciously treated with appropriate remedies, will gradually spread till the whole lung or organ is involved and destroyed, when a fatal result must

ensue. However, in some rare cases, nature has been enabled to effect a spontaneous cure, especially in the case of pulmonary consumption, which is *only one* of the many affections that are due to the presence of these bodies, and which is at the same time one of the most common diseases met with in temperate climates.

When such spontaneous cures have occurred, it has been ascertained that the tubercles have been disposed of in one of three ways :

First,—either the whole of the tuberculous matter has been expectorated; or, Secondly,—that the tubercle has dried up or withered, that is to say, has become re-absorbed into the blood; or, Thirdly,—that it has become ossified or calcified, *i. e.*, converted into hard pieces, consisting of lime.

Such being the course adopted by nature to effect a cure in *Tuberculosis*, it only remains for us to furnish her with the sufficient and requisite material or pabulum to improve the quality of the blood, and to assist her in her exertions to throw off the morbid and irritating substance. These ends are, to a certain extent, accomplished by cod liver oil alone, yet in many cases even this valuable remedy has failed, in consequence of the defective power of assimilation of the food, or weakness of the digestive apparatus preventing the oil from being absorbed into the blood, and frequently the stomach and bowels are too weak to retain it; thence diarrhœa and vomiting follows its exhibition; in fact it then becomes an irritant itself, and nature endeavors to throw it off by these means. This want of tonicity in the digestive organs is due to diminished or weakened *nerve force*, and is counteracted by hypophosphite of lime, which was first brought into the notice of the medical profession by the celebrated Dr. Churchill, of Dublin, who states “that the effects of this salt upon the tuberculous diathesis, disposition or constitution is immediate; all the general symptoms of the disease disappearing with a rapidity really marvellous. On the one hand, it increases the principle, whatever it may be, which constitutes *nerve force*, on which healthy nutrition depends; and on the other, it is a most powerful blood maker, being infinitely superior to any of the medicines of that class hitherto known.” He also considers it to be a certain preventive against tuberculous formations or deposits.

From the foregoing remarks, it must be apparent to all, that the combination of two such efficient remedies must necessarily be considered as the most powerful preventive and curative agent for consumption and other diseases arising from a similar condition of the blood, that has yet been offered to the public, and practical experience has fully confirmed the sanguine expectations of the inventors of this compound of cod liver oil and hypophosphite of lime.

Messrs. Devins & Bolton, in offering this elegant preparation to the profession and to the public, beg to state that they have been enabled, by a new chemical process, (known only to themselves) which does not interfere with the active principles of the oil, to conceal the ordinary taste, and to render it so agreeable that it can be borne on the most delicate stomach without producing nausea or those disagreeable gaseous eructations which are so frequently occasioned, even by the most carefully prepared cod liver oil.

The properties of this compound, and its advantages over other preparations, may be summed up in the following few words:—

1st.—It prevents the disposition of tubercles in those that are pre-disposed to them, by altering the condition of the blood, and enriching it.

2nd.—It favors absorption, withering or drying up of the tubercle by the liquifacient power of the oil.

3rd.—It favors ossification, by furnishing the blood with extra lime.

4th.—It furnishes the blood with oil, of which it is known to be deficient.

5th.—If an ulcer or cavity have formed, from the increased *nerve force*, it favors cicatrization or healing of such organic lesions.

6th.—It soothes the cough and facilitates expectoration.

7th.—It is agreeable to the taste, and is not much more expensive than ordinary cod liver oil.

8th.—It may be given in all cases of debility, and whenever cod liver oil is recommended, as in Rickets, Leucorrhœa, Tabes Mesenterica, and enlargement of the glands, as it is more nutritious than the uncombined oil.

## Selected Articles.

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### DOMESTIC LATRINÆ.

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We have for some time been intending to say a word to our readers upon the importance, in a gynæcological light, of providing a better system of public "latrinæ" in all our large cities, and of a better arrangement of apparatus for a similar purpose in private dwellings. This is a matter, we are glad to say, which is already receiving deserved attention from the State Board of Health.

In looking up the literature of the "dry-earth system," at present so deservedly attracting public attention, we find a page or two directly to the point as specially affecting the health of women. In this connection we will not dwell upon the great value of the earth-closet, as tending to prevent the extension of cholera, the occurrence of typhoid and the like,—questions to which we may hereafter take occasion to recur. There is not a dwelling-house, a hotel, or a manufactory in the land, even if already provided with expensive plumbing work, where the closets would not be found a most useful appendage.

"Probably no single cause has had so much influence in producing the peculiarly delicate condition for which women living in the country and in small towns in America are notorious, as the discomfort, inconvenience, and frequent repulsiveness of their closet accommodations.

"In towns which are supplied with water, and in those houses of the better class which are furnished with water by private works, the use of the water-closet soon becomes universal, and its usefulness is at once recognized. But, probably, ninety-nine out of every hundred habitations in the whole country have nothing better than an unsightly privy, standing at some distance from the house,—too often barbarously foul,—and generally unapproachable except by an entirely unprotected walk, that is more or less exposed to public view, and, in wet or cold weather, is passable only at the risk of getting wet feet, dragging through wet grass or weeds, plodding through snow, or facing cold winds and storms.



"As a natural consequence, delicate women soon school themselves to a postponement of the demands of nature, sometimes for days together, rather than expose themselves to the danger of taking cold and to the certainty of great annoyance. Sometimes modesty, and sometimes the dread of discomfort and exposure, is the motive. In all cases the result is the same. The natural functions become disordered, the digestion is impaired, and dyspepsia, with its thousand-and-one horrors, breaks down the constitution and lays the foundation for all manner of 'female complaints.'

"It is unnecessary to enlarge on this subject. Every sensible woman who has been subjected to the evil alluded to must accept the foregoing statement of the case as a true one, and recognize the fact that any plan by which suitable accommodation can be provided within the house offers unspeakable relief.

"In addition to this, women who have had the least experience in sick-rooms know that nothing connected with our lives is more horrible than the want of suitable accommodations for helpless invalids (and this not even the water-closet supplies),—horrible for the attendant, and still more horrible for the invalid himself.

"The most perfect relief in both cases is afforded by the use of the earth-closet. It is not worth while to discuss here the relative superiority of the water-closet and the earth-closet; the only idea that is sought now to enforce is, that by the aid of the latter, the well-known advantages of the former are placed within the reach of every person in the land."—*Gynecological Journal*.

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CLEARING OF MUDDY WATER.—Dr. C. Schloesing states in an article in the *Comptes Rendus*, that waters contaminated by floating particles of clay may be readily clarified by small quantities of salts of lime. It is well known that the waters of rivers after a heavy fall of rain or snow, and sometimes throughout the winter, do not become quite clean by deposition, even if left undisturbed in large reservoirs for a long space of time. The author recommends the addition of 1-1000th part of chloride of calcium for one part of water, (or 70 grains to the gallon), a quantity which effects clarification in a moment. The precipitated substance can be readily separated by filtration. Other salts of lime, such as the nitrate and bicarbonate, and caustic lime, effect the same object.—*Medical and Surgical Report*.

## HYDRATE OF CHLORAL, WITH CASES ILLUSTRATING ITS ACTION.

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BY EDWARD H. CLARKE, M.D., PROFESSOR OF MATERIA MEDICA  
IN HARVARD UNIVERSITY.

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Chloral was discovered by Liebeg in 1832. Its chemical properties were more fully investigated by Dumas in 1834. It was afterward studied by MM. Regnault, Kopp and Wurtz. It was known, however, chiefly or only to chemists, and regarded by them more as a curiosity than an article of value, till M. Liebreich, of Berlin, introduced it in the form of hydrate of chloral into therapeutics. Since then its physiological and therapeutical action has been investigated by MM. Bouchut, Brichelean and Demarquay of France, Dr. B. W. Richardson, J. B. Russell, of England, Dr. William A. Hammond of New York, DaCosta of Philadelphia, and others both of this country and Europe. It has been tried both in hospitals and in private practice. On the whole, the verdict of the profession is in its favor. Its probable value as a therapeutic agent is such that clinical observations with regard to its action in disease are interesting and important. It is moreover interesting as an admirable illustration of the close alliance between the chemical constitution, the physiological action and the therapeutical use of drugs. This alliance is becoming every day more apparent, and the time is not far distant when it will be generally recognized by the practising physician, and constantly guide him in the art of prescribing.

Chloral, from which the hydrate is made by the addition of water, is described by Dr. Benj. W. Richardson, the distinguished London physician and physiologist, as "an oily liquid, colorless, and of pungent odor. It is an irritant to the skin. Its specific gravity is 1500 as compared with water at 60°; its vapor density is 74 compared with hydrogen as unity; and its boiling point is 99° Cent.—210° Fahr." It is made by treating anhydrous alcohol with chlorine.

The hydrate of chloral is made by combining chemically water and chloral. This is described by Dr. Richardson, in the article just quoted, as a "white crystalline substance. The crystals are rhombic. In the formation of the hydrate, about

eight parts of chloral combine with one part of water, forming nine parts of the crystalline substance. Hydrate of chloral, therefore, contains 90 per cent. of chloral. The hydrate, although a solid, volatilizes like camphor without decomposition. It dissolves in water so freely that a saturated solution contains 50 per cent. It dissolves also in alcohol and ether." We learn from the same authority that when it is acted upon by an alkali, as potassa, soda or ammonia, it is decomposed into a formate and chloroform. If any quantity of potassa is added to a solution of hydrate of chloral, a corresponding amount of chloroform is evolved. The presence of the latter agent may not only be detected by the milkiness of the fluid, but by the characteristic odor of chloroform. This fact of the evolution of chloroform from the hydrate of chloral, when the latter is put in contact with alkalies, is an important practical one to the physician. It not only indicates the impropriety of uniting an alkali with the hydrate of chloral in prescriptions, but it points to the most probable explanation of its physiological action. Some account of this action will form an appropriate introduction to the clinical observations that follow.

Physiologists have experimented with hydrate of chloral upon all classes of animals. Its action has been studied on fishes, frogs, rabbits, cats, mice, dogs, pigeons, and I know not how many other living creatures as well as man. Upon all of them it exerts a certain similarity of action, though with some curious differences. When fishes are put into water sufficiently charged with it, they absorb it by inhalation, grow sluggish and fall asleep. Frogs fall asleep by the subcutaneous injection of half a grain; they are apt to be killed by three-quarters of a grain, and are sure to be killed by more than the latter dose. A quarter of a grain will put a mouse into a sound sleep. Rabbits come easily under its influence, whether given by the stomach or subcutaneously, and may be put into a gentle sleep, or narcotized or killed by it, at the will of the experimenter. Pigeons, that according to Weir Mitchell, tolerate enormous doses of opium with impunity, are easily narcotized by hydrate of chloral. Cats come readily under its influence, and when subjected to it they are said to purr with obvious comfort as they go to sleep.

We learn from the admirable researches of Dr. Richardson, that the sleep induced in all sorts of animals by hydrate of

chloral resembles natural sleep. Recovery from this sleep is unattended with any apparent derangement of the system. The drug may be administered in doses just large enough to produce this sort of natural sleep, or in doses large enough to produce a dangerous degree of narcotism, or in doses that shall rapidly prove fatal. In other words, the hydrate of chloral is to animals a pleasant and harmless anodyne, or a dangerous narcotic, or a rapid and fatal poison, according to the dose in which it is given. In this respect its action on animals resembles its action on man. When death is produced, the heart seems to be the ultimum moriens. The circulation may be seen going on in the web of a frog's foot, when the animal is so profoundly under the influence of the drug as to appear dead.

Muscular relaxation, complete anaesthesia, absence of reflex movements and reduction of animal temperature, in varying degrees, dependent upon the doses given, accompany the narcotism of hydrate of chloral. An apparent hyperaesthesia has sometimes been noticed, especially by M. Demarquay, but it is an occasional and exceptional phenomenon.

A knowledge of the physiological action of the hydrate of chloral on man is an indispensable guide to its use in disease. We do not yet comprehend this action completely, but we know enough of it to aid us materially in its clinical administration. The points of greatest importance to the practitioner are its absorption, its elimination, the changes which it undergoes in its progress through the system, and its action on the system, from the period of absorption to that of complete elimination.

1st. *Absorption*.—Hydrate of chloral is readily absorbed by the mucous surfaces of the stomach and rectum, and also by the cellular tissue. For absorption by the latter tissue it should be administered by subcutaneous injection. This procedure, on account of the local irritation which it induces, is not one to be recommended. The ordinary method of giving it by the stomach is the best. If concentrated when thus given, it produces local irritation and nausea, and is apt to be thrown off. It is easily and quickly absorbed from the stomach if largely diluted. I have usually found that a solution stronger than a grain of the hydrate to a drachm of water will produce gastric uneasiness. When diluted to this or to a greater extent, it is well tolerated by the stomach. If a moderate dose is given, viz., one of thirty

grains or less, it is probable that the whole of it is absorbed in a few minutes. In the first of the following cases, the hypnotic effect was produced in ten minutes after the administration of the drug. As the dose of it in that case was only fifteen grains, it is fair to infer that the whole, or nearly the whole of the quantity given passed from the stomach into the blood within that space of time. The stomach appears to be capable of passing into the blood any quantity of hydrate of chloral that may be put into it, provided that the article is pure and sufficiently diluted. Hence any quantity of it may be given at a dose, so far as the stomach is concerned, that it is wise to administer. The presence of food in the stomach would be likely to delay its absorption. Any irritation of the stomach, like gastritis, would probably render that organ intolerant of it, though I have never proved this by experiment. The absorption of the hydrate of chloral by the stomach, then, is easily and quickly induced when it is given largely diluted upon an empty stomach whose mucous membrane is in a normal condition.

2nd. *Progress through the System.*—The hydrate of chloral goes from the stomach into the blood unchanged. In the blood it meets with an alkali. The experiments of Dr. Richardson and others show that the hydrate of chloral in contact with an alkali is decomposed and chloroform evolved. Indeed, chloroform has been obtained from the vapor arising from a mixture of freshly drawn blood and hydrate of chloral. We have the authority of Liebreich for stating that when the hydrate meets with an alkali in the blood, it behaves as it does when it meets with alkalies out of the system. That is, as soon as hydrate of chloral reaches the blood by any avenue, it commences to yield chloroform. The amount of chloroform thus given to the blood is proportionate to the quantity of chloral absorbed and also to the alkalinity of the blood. The total quantity of chloral absorbed is not immediately decomposed into chloroform. The drug mixes with the blood, passes with the blood to every part of the organism, and, as it circulates, continues to yield chloroform until it is exhausted. In cases of fever of a low type, such as typhus and typhoid fever, when the blood is highly charged with ammonia, that fluid is in a state to extract chloroform from chloral more rapidly than when it is less alkaline. Under such circumstances a given dose of hydrate of chloral should produce

its physiological action more rapidly and powerfully than it ordinarily does. Since writing these words, I have met with the clinical experiments of Dr. J. B. Russell with the hydrate in typhus fever, at the Glasgow Fever Hospital, and these indicate that such is the case. Doubtless other substitution compounds than chloroform result from the decomposition of hydrate of chloral in the blood, and exert more or less influence on the organism till they are eliminated from it. What these compounds are, and what their physiological action is, cannot yet be stated. It is probable that some of the physiological actions of the drug we are considering are due to these compounds. Until they are discovered and their effects known, a complete solution of the problem of the physiological action of hydrate of chloral is impossible.

The above theory of the decomposition of hydrate of chloral in the blood into chloroform, not all at once, but with comparative slowness, particle by particle, just as fast as a particle of chloral meets with a sufficient quantity of an alkali, is that of Liebreich. It is a beautiful and ingenious theory, and one that seems to me justified by physiological experiment and clinical observation. The chloroform, yielded by the chloral to the blood, of course behaves in that fluid just as the same amount of chloroform would do if it were passed into the blood at the same rate by any other process. Hence hydrate of chloral, according to its dose, soporific, anæsthetic or dangerous because it yields chloroform. But it is not probable that in moderate doses it will ever prove dangerous, because in such doses the chloroform evolved will be eliminated too rapidly to be so.

The hydrate of chloral, then, passes rapidly from the stomach into the blood unchanged. In the blood it is decomposed into chloroform, and perhaps into other compounds also. These substitution compounds continue to circulate with the blood throughout the organism, until they are oxidized in it or eliminated from it.

3rd. *Elimination*.—Most, if not all, of the hydrate of chloral is eliminated from the system in the form of chloroform, into which it has been changed. Dr. Richardson states that he has detected the odor of chloroform in the breath of animals sleeping under the influence of chloral. Messrs. Lallemand, Perrin and Duroy have shown that chloroform is eliminated chiefly by the

pulmonary mucous surface. They have also shown that when it is rapidly introduced into the organism, it is more rapidly eliminated than when it is slowly introduced. When it is slowly introduced, at least an hour and a-half is required after the introduction of the last dose, that is, after the last quantity of it has been inhaled, for its complete elimination from the blood. So far as we know at present, the elimination of the hydrate of chloral is the same as the elimination of chloroform slowly introduced into the blood. So much of the hydrate as has been changed into chloroform is eliminated by the pulmonary mucous surface in an hour and a-half, or less, after its absorption. When, therefore, it is desirable to keep the blood charged with the hydrate of chloral continuously, it should be given at intervals of not more than two hours. If this is undesirable, a second dose should never be administered until sufficient time has elapsed for the elimination of the first. The practitioner should select one or the other of these modes of administration, in accordance with the therapeutic object he has in view. How any of the other substitution compounds of the hydrate of chloral are eliminated, we do not yet know. They are probably oxidized in the organism.

4th. *Action on the System.*—Hydrate of chloral, while in the system, affects especially the blood, the cerebro-spinal axis, the heart and arteries, the muscular system, and the temperature.

When a single therapeutic dose of chloral is administered, it passes into and out of the blood without producing any chemical change in that fluid. If the dose, however, is so large as to be a toxicological one, the blood undergoes a change. It becomes, as we learn from Dr. Richardson's experiments, less coagulable, and its corpuscles become shrunken and crenate; it is in fact devitalized. In this respect, the action of chloral on the blood resembles that of large or long continued doses of ammonia or potash. If chloroform were administered in therapeutic doses for a long time, and with such short intervals between each dose, that its complete elimination from the blood, for at least a portion of each twenty-four hours, were rendered impossible, a devitalization of the blood would doubtless result. That such is not the case, provided chloral is given so as to allow for its daily complete elimination, we learn from clinical observation. I have said that in this respect the action of

chloral on the blood resembles that of alkalies. Alcohol would have been a better illustration; for alcohol administered in therapeutic doses, for a long period, with such intervals between them, that the blood may be completely freed from it during a portion of each twenty-four hours, does not change the character of the blood, while it does change and devitalize the blood, if its daily and complete elimination is not provided for.

The physiological action of chloral on the cerebro-spinal system indicates its chief value in therapeutics. My own observation confirms the statement of M. Bricheateau that this action "is manifested by a period of agitation, more or less pronounced, sometimes very short, and not of importance; by a period of progressive somnolence, in which consciousness is first dulled and then extinguished under a profound sleep, accompanied by a slight or a complete anæsthesia according as the drug is pure and given in a sufficient dose; and in some individuals, by a sort of intoxication, resembling drunkenness at the moment of awakening." Sleep and a certain amount of anæsthesia are two marked effects of therapeutic doses of chloral. Profound sleep and complete anæsthesia are the result of toxic doses. The sleep of a therapeutic dose is strikingly like natural sleep. The limbs lie in natural attitudes. The respiration is easy. The skin is normal, or a little cool. The pupils of the eyes are contracted, but easily dilate. A sufficient noise or disturbance arouses the sleeper, who asks what is the matter, and directly falls asleep again. The duration of the sleep varies from two or three to six or eight hours, according to the dose and to the impressibility of the subject.

Complete anæsthesia is not produced by hydrate of chloral on man, unless doses that approach or really are toxic ones are given. Therapeutical doses produce a moderate insensibility, and therefore may be used to allay a moderate amount of pain, but they will not replace opium in this respect. The order in which the nervous system is affected by therapeutic and toxic doses is stated by Dr. Richardson to be as follows: Therapeutic doses affect 1st, The sympathetic ganglia. 2nd, The cerebrum. 3rd, The heart. In fatal cases, "the functions destroyed are, 1st, The cerebral. 3nd, The voluntary muscular. 3rd, The respiratory. 4th, The heart."

The action of the heart is often quickened soon after chloral



is absorbed, but in a short time the quickened action gives place to a slower and weaker movement. It is the rule for therapeutic doses to decrease the frequency and force of the heart's beat. In nine observations made by DaCosta, in one of which ten and in the rest fifteen grs. were injected hypodermically, the following result was obtained: In five cases the pulse fell in an hour from 90 to 78—104 to 86—96 to 82—96 to 44 and 100 to 96. In two cases the number of beats was unaltered; and in two it was increased from 60 to 64, and from 80 to 84. M. Bouchut, DaCosta and Dr. Anstie agree that the sphygmographic trace of the chloralized pulse is sinuous with a diminished rise and fall. Toxic doses render the pulse quick and small, and contract the arterioles, sometimes, says Dr. Anstie, "to the extent of strong spasmodic contraction."

The condition of the cerebral blood vessels, while under the influence of hydrate of chloral, varies with the dose and with the length of time after its administration. Dr. W. A. Hammond has demonstrated by several ingenious and interesting experiments, that the primary effect of a full therapeutic dose is to cause congestion of these vessels, while the secondary effect is to induce the opposite condition. He has also shown that a small dose produces only congestion of the cerebral vessels. Such a dose is probably eliminated before there is time for secondary results to occur.

Animal temperature is lowered by chloral, if a sufficient dose is given. In all but one of DaCosta's cases just referred to, the temperature either fell slightly or was unaffected. In one case it rose from 99° to 100°.5. Bricheteau noticed the decrease of temperature. Dr. Richardson has confirmed it by fifty carefully conducted experiments. A comparison of the results arrived at on this point by these and other observers, however, points to decrease of temperature as the accompaniment of a toxic rather than of a therapeutic dose. An attempt to largely lower the animal temperature by chloral would be a dangerous experiment. I agree with M. Bricheteau that "the loss of one degree (centigrade) of temperature in an hour by the action of chloral would alarm me, if it occurred in one of my patients."

Under the influence of therapeutic doses of hydrate of chloral, the respiration is slowed as well as the action of the heart, but not to any great degree. Muscular relaxation also occurs.

*Therapeutic Indications.*—The therapeutic indications and contra-indications which these physiological phenomena point to, are obvious. Hydrate of chloral may be given so as to produce sleep, diminish sensibility, allay irritation, slow the heart, relax muscular tissue, lower animal temperature, devitalize the blood, cause anaesthesia and destroy life. Part of these phenomena have a therapeutic value, and part are toxic. They may be arranged in two groups, thus:—

Therapeutic Group.	Toxic Group.
Sleep. Diminished sensibility. Diminished irritation. Muscular relaxation. Contraction of arterioles.	Slow or irregular pulse. Complete Anaesthesia. Altered blood globules. Great diminution of temperature. Great muscular relaxation. Death.

In the administration of chloral, the practitioner of course desires to obtain the therapeutic and avoid the toxic phenomena. This can easily be done by a proper attention to the purity of the article and to the mode of its administration. The indications to produce sleep, diminish sensibility and allay irritation, occur very often in the treatment of disease. Hence it is not surprising that chloral has been tried clinically in a great variety of diseases.

The *contra-indications* to the use of the hydrate of chloral have not yet been fully ascertained. Its physiological action on the heart is such as to render one very cautious about administering it in cardiac affections. The experiments of Dr. Hammond show that it is not safe to prescribe it in all forms of disease of the head. Organic diseases of the heart, congestion of the brain, meningitis, and very probably cerebral anaemia, contra-indicate its use.

The average dose for an adult is 30 grs. A decided hypnotic effect is produced in some impressible individuals by 15 grs. It is not safe to exceed the dose of 60 grs. in the course of ten or twelve hours. I have noticed that 30 grs., given in two doses of 15 grs. each, half or quarter of an hour apart, will produce less gastric uneasiness and greater hypnotic action than when given in a single dose. Theoretically, in consequence of the rapid elimination of the chloroform evolved from the chloral in the blood, such should be the case. It may be administered

by the stomach or by the rectum, and it is not necessary to give a larger dose by the latter than by the former method.

M. Claude Bernard has shown that less chloroform is necessary to produce anæsthesia in an animal or a man previously narcotized by morphia, than in one to whom morphia has not been previously given. I have observed, clinically, that there is a similar mutual action between hydrate of chloral and morphia. A fourth of a grain of one of the salts of morphia, followed in an hour by 15 or 20 grs. of hydrate of chloral, will produce a greater anæsthetic and hypnotic effect than a larger dose of either of them given alone. In many cases, where a certain dose of morphia is sufficient to allay pain, but not to produce sleep, it is better to follow the morphia by hydrate of chloral than to repeat the former.

In concluding this account of the physiological and therapeutical action of chloral, I cannot express my opinion of it more clearly than to quote the words of Dr. DaCosta in the paper previously referred to, viz.: "that it is an important addition to our therapeutic means—chiefly, however, as a hypnotic. Its action as a destroyer of pain is limited; nor do I think it can compete with ether or chloroform to produce the insensibility requisite for surgical operations. Its chief value seems to be that of an auxiliary to opium, or to take its place when opium is not admissible." As a hypnotic, hydrate of chloral is better than opium. Chloral sleep is better than opium sleep.—*Boston Med. Journal*.

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TREATMENT OF RHEUMATIC FEVER BY PERCHLORIDE OF IRON.—The marked effects of tincture of perchloride of iron in such diseases as erysipelas and diphtheroid sore throat had induced J. Russell Reynolds, M.D., F.R.S., London, to try it in acute rheumatism—which agreed with the others in coming under the class of "spreading" inflammatory affections. He had given it in eight cases, with such success as would justify a further trial. Having given brief histories of the eight cases, he directed attention to certain points: 1. The relief of the joint affections was definite, uniform and speedy. In four cases it was removed in one day; and the longest period of suffering

after the commencement of the treatment was five days. 2. Excluding one fatal case with cerebral symptoms, and another where there was intercurrent pneumonia, the temperature became normal between the second and the seventh days; the mean duration of pyrexia being a little less than five days and a half. 3. Excluding again the two exceptional cases already mentioned, the total duration of rheumatic fever from the outset varied from seven to fifteen days, giving a mean of ten and a half days. 4. The earlier the iron was given, the shorter was the duration of the disease. No headache or other symptoms of discomfort was produced by the iron.—*British Medical Journal*.

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## THERAPEUTICS OF CHRONIC CONSTIPATION.

BY JOHN KENT SPENDER, LONDON.

I do not think that the usual professional treatment of chronic constipation of the bowels is very satisfactory. It appears to aim at the one obtrusive symptom, and to help the patient out of a present difficulty without sufficient reference to a future. It removes the obstacle of to-day by legitimate and easy means, but the obstacle of to-morrow is not prevented; hence what is done to-day must be done again to-morrow, and the remedial formula has an awkward *ad infinitum* look about it. My object in this paper is to try to raise a point of every day practice to a scientific level.

Among the odd idiosyncracies which nature displays in the regulation of the digestive functions, an infrequent evacuation of the bowels is very common; and it is important that this condition be distinguished from the genuine morbid state rightly denominated constipation. For what is natural to a person can in no sense be called a disease. Many persons seem well, and really are well, whose physiology could not be to any one else, without becoming a pathology more or less developed. No strong, hard line can ever be drawn between what is health and what is not health. And it may be declared with absoluteness that if a person who can bear an infrequent flux from the intestines without the slightest apparent inconvenience, it is a part of

his regular vital plan, and ought not to be stigmatized by the name of disease at all.

Assuming that we have before us a case which clearly deserves the name of constipation of the bowels, the therapeutic inquiry is, how shall it be treated?

Aperient medicines are enumerated, and their characteristic properties described with the completeness and minuteness of a system of *Materia Medica*. Each drug has its specific virtues; give this or that, according as the constipation is more or less obstinate, and according as you have an adult or a child, a strong or a weak person to deal with. But when the present exigency is remedied, what about a week hence, a month, a year? Is the same drugging to go on eternally—the same potions, pills or powders to come round in rhythmic order, always satisfying the present need and no more?

The plan which I now propose does bestow some care on the future, and professes to be, so far, curative in its operation. It comprises four therapeutic factors: (a) minute and frequent doses of watery extract of aloes, very rarely of extract of colocynth; (b) a dose of sulphate of iron (gr. jss. or ij.) always combined with each dose of the direct aperient; (c) regulation of the diet; (d) constitutional exercise. I have to write chiefly of factors (a) and (b). The quantity of extract of aloes, in all but extraordinary cases, should not exceed one grain. It is conveniently given in the form of a pill. With this pill there should always be mixed a dose of sulphate of iron, varying from one to three grains; this is the essential point of the treatment. Any other tonic of the neurotic kind cannot supply the place of the iron; for the purpose I am now relating, iron is not only *facile princeps*, but is not interchangeable with anything else. Extract of *nux vomica* may be added, if the prescriber pleases, as an ornamental appendage or as a means of blending the other constituents together; and belladonna is a remedy of definite auxiliary power, but both these drugs, *quoad* constipation of the bowels, are uncertain or unsatisfactory, and rarely do permanent good. I begin, then, by desiring an adult patient to take a pill composed as above three times a day, immediately after the principle meals. He is cautioned that at first there will be no apparent effect, and two or even three days may pass before any medicinal evacuation of the bowels takes place, perhaps even

then difficult and discomfoting. But within the next forty-eight hours there will be most likely an evacuation of the bowels, once or possibly twice in the day; *but nothing approaching purgation ought ever to be permitted*, and therefore the patient must be instructed, on the occurrence of the first loose motion, to withhold a pill, and to take only one in the morning and one in the evening. He then continues for a time his morning and evening pill, and is pleased to discover that so slender a medicament has such a decided effect. Not improbably, at the end of another week or fortnight, he is compelled by the same reason as before to drop another pill, and the same result is now brought about by one pill daily, as was originally produced by three pills. Within another month he may reduce his allowance of medicine to a single pill once or twice a week; and, finally, his whole scheme of medical treatment becomes merely preventive in its design and scope, and he takes a pill occasionally for the sake of maintaining health and warding off old troubles.

When there is a real or fanciful difficulty in the administration of pills, the best way of carrying out the plan above described is by combining the *mistura ferri composita* with the *decoctum aloes compositum*, the doses being determined by an application of the principles. There is wider room for the addition of auxiliary drugs, but, on the whole, I have not obtained such satisfactory results by this method.

The urgency of regulating the quantity and quality of the food is so obvious that I need add nothing to what has been so well laid down by systematic writers. The necessity of constitutional exercise—a definite amount every day—is equally clear, and its physiology requires no illustration here.—*London Medical Times and Gazette*.

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SULPHITE OF SODA IN TENIA CAPITIS, ETC.—In the *American Journal of Medical Science* for October, 1869, Dr. C. M. Watrous, of Pennsylvania, recommends the Sulphite of Soda, as a local application in tenia capitis, crusta lactea and similar affections. In one case he used half an ounce to a pint of water, applied constantly by compresses wet with the solution—making it weaker as it caused smarting. In another case he used forty grains of the sulphite to half an ounce each of distilled water and

glycerine, the parts moistened with this three or four times a day. This last prescription he has used in the ear three times a day in serofulous otitis, dropping in a few drops after washing the ear out, and excluding the air by cotton wool.—*Oregon Med. and Surg. Reporter.*

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## CLINICS.

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### CLINICAL LECTURE ON ABSCESS IN DIFFERENT LOCALITIES.

BY FREDERICK C. SKEY, ESQ., CONSULTING SURGEON  
TO ST. BARTHOLOMEW'S HOSPITAL, ETC.

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There is no disease more universal than abscess, and none that demands from the surgeon clearer pathologic views, and the consideration of which will afford you material for much profitable reflection. It may be preceded in its formation by a deposit of solid lymph, greater or less in magnitude; or an abscess may form without previous indication of its existence. Such examples are not infrequently found under the skin, and in various parts of the frame, following diseases which exert an unusually depressing influence on the system—such as fever, dysentry, phthisis, &c. This latter variety is invariably the product of extreme debility. Now, is this purulent deposit in the tissues of the body the result, as is too often supposed, of real inflammation—that is, of an active hyperæmia—or not? Assuredly it is not. It is associated with, and, more than that, it is the product of, a weak condition of the arterial system, and necessarily of all the vital powers. You will find the pulse, when the disease is extensive, weak; for, even if full and large in calibre, it is readily compressed. I wish you especially to recognize this feature in the formation and progress of simple abscess; the indications of weakness being, of course, greater when the abscess is large. The greater the debility the larger the abscess, and the slower its progress towards maturity and recovery.

You will naturally infer, then, that all abscesses occurring spontaneously, or rather without external and obvious causes, demand treatment by tonics and stimulants, and of such I select especially bark and wine. There is no remedy in the Phar-

macopœia so potent in producing suppurative action as bark, and of all forms the simple tincture is the most efficient, in full doses of two or three drachms diluted with water. By the term suppurative action, I understand the conversion or breaking down of a mass of lymph, itself quite incapable of removal by the absorbents, into fluid pus—in fact, into abscess.

There is no form of abscess more illustrative of these truths than the disease when situated in the mammary gland, on which I have so often spoken in this theatre. It appears in weakly constitutions following long and severe confinements with loss of blood, or a low and innutritious diet, erroneously supposed to act as a preventive to inflammation, which, in truth, it actually fosters.

I speak of common *mammary abscess*, which appears at varying periods after confinement, in its first stage of deposit of lymph, when occupying a greater or less portion of the entire gland. Now let me assure you that we have no means within the circle of our present knowledge of obtaining the absorption of this solid mass or throwing it back on the constitution. Neither iodine, nor leeches, nor fomentations, nor purgatives, or other supposed remedies confidently proposed by young medical men, who, unfortunately observe little, and think less, are at all available to good. Yet you are aware that they are the agents which two-thirds of you at least would resort to: I am sure of this, for I am told so at every college examination. Pray understand the absolute impossibility of getting rid of this once deposited mass by the means alluded to, and which you are all prepared to adopt. I will not go so far as to say it may not be at least partially dissipated by absorption, but not by your means.

The proportion of the deposit that may be absorbed depends on the stage it has arrived at. If much advanced it will pass on almost entirely into suppuration. It has already entered on that of suppurative action; it will not remain stationery, and it must advance: but whether its progress towards its necessary consummation be slow or rapid, depends on your treatment. I say, in all abscess give bark freely, and generally wine; and the larger quantity of each that your patient can bear, the earlier will this solid mass break down in the centre and form a large abscess, which, when matured, and not before, should be freely laid open with the knife. If the deposit be recent, and the



disease treated early on this sound principle, a portion of the mass will be taken up by the absorbents, indicated by the disproportionate quantity of pus to the large mass that has produced it.

It is not always an easy diagnosis to determine whether fluid about the *knee-joint* is within the cavity of the articulation or without it. As a rule the diagnosis is readily attained in these cases. You will tell me that when the fluid extends over the patella, the disease consists of abscess around the joint; and when the patella is raised, and is pushed up by fluid underneath it, the collection is within the articulation. That is all very true. But in many cases the fluid, although confined to the joint, is not sufficient in quantity to raise the patella, and therefore you cannot always depend on that particular evidence; and in the other case, in which, consequent on the greater tenacity and closer adhesion of the integuments to the fibrous tissue upon the patella, I have seen several examples of what I have called the horse-shoe abscess around the knee—viz: when the matter has travelled round three sides of the patella without extending over it. Such cases are very deceptive. In forming your opinion—and a correct judgment is often indispensable to the recovery of your patient—you would, of course, place your greatest reliance on the local examination by the hand, and, this proving insufficient, weigh deliberately the evidence in favor of one or the other locality. If the fluid be in the joint, it may be a more serious affection, and the constitution takes cognizance of it as such. If external, probably the formation of abscess has been preceded by some local injury of a superficial kind, involving the cellular tissue, and in which the condition of the skin itself may add its testimony.

I now come to abscess on a larger scale. *Abdominal abscess* presents itself in the form of a large tumour, occupying the lower part of the abdominal walls, and commonly extending from the ilium towards the mesial line of the abdomen. The size is sometimes immense. It is firm, solid, and unyielding on pressure, but not very painful.

*Pelvic abscess* may occur independently of parturition, or during its progress. It is attended by local pain of a severe character, which is aggravated by digital examination. Tenderness on pressure strengthens the suspicion of pent-up matter.

An examination per vaginam or per rectum detects either obvious or obscure fluctuation. Unless an early exit to this matter be made, the disease will extend throughout the sub-peritoneal coat of the uterus, bladder, and rectum. I have known one case in which this cellular inflammation, commencing in the tissue around the rectum, and into which the abscess actually burst, extended upwards around the uterus and bladder, and burst at the umbilicus. I have seen several cases in which the matter made its way through the sacro-ischiatic foramen, and presented along the line of the ischiatic nerve. Whenever the presence of pus is detected, and indeed whenever it is on good evidence even suspected, an exploring needle should be resorted to, followed if required, by a good-sized chain trocar with its curved canula. In severe cases, nothing short of following up the examination whenever and wherever the presence of matter is indicated by local pain can afford a reasonable prospect of recovery. If on examination by the rectum, a large collection of pus is detected, and when confirmed on examination per vaginam, a free incision by the side of the rectum through the perineum is more readily executed, and will afford a freer exit to the matter than puncture by means of a trocar through the walls either of the vagina or rectum.—*Lancet*.

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### Obituary.

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THE HON JOHN ROLPH, M.D., LL.D., M.R.C.S., ENG.

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The most distinguished member of the medical profession in Canada is no longer among us. In the ripeness of age, and with no little honour, one who has justly been called the Father of the Canadian medical profession, has ceased to work and to live. The Hon. Dr. Rolph died at Mitchell on the night of the 19th October, at the age of 83. For half a century Dr. Rolph's name has been more or less familiar to the Canadian public; and upon several occasions he has occupied most conspicuous positions in the political world. A native of England, he first, if we mistake not, came to America during the war of 1812. The vessel in which he had sailed was captured on her way out by an American cruiser, and he became a prisoner of war. Hay-

ing landed at New York, he was permitted to proceed to the Niagara frontier, where, after some delay, he was allowed, under a flag of truce, to cross to the Canadian side. Up to his last years he would refer to the kindly way in which he was treated by the American surgeons, and other officers, while he was detained at Niagara. It is not our intention to dwell upon the political history of Dr. Rolph. As a member of Parliament, and as a cabinet minister he won considerable distinction. As a Reformer, and opposed to the old "Family Compact," he earned the good will of many Upper Canadians; and for many a day was an earnest champion of the liberal party. It was often said of him, that he had studied the three professions of Law, Medicine, and Divinity. How far this was true of the last we are unprepared to say. But, at all events, he was a member of both the legal and medical professions. We shall refer only to his medical career. He studied medicine at St. Thomas' Hospital before the separation of Guy's, and was wont to speak of the worthies of British surgery who, at the beginning of the present century, filled the various chairs of that celebrated institution. Having procured the diploma of the Royal College of Surgeons, London, he followed his father's family to Canada. He practiced medicine for a time at Dundas and subsequently settled in Toronto. It was not long before he secured a large and respectable practice, which he continued to enjoy until the events of 1836 and 7 drove him away. He selected Rochester, New York, for his home while an exile, where he lived until 1843, when he returned to Toronto. It was not long before he regained his practice, and always continued to possess the unlimited confidence of the people as a skilful practitioner. At the time he entered the Government in 1851, his practice must have been one of great value, which was transferred to another; still on his returning to practice some years later, he rapidly built up, for a third time, a lucrative professional business. This he only relinquished when age made it no longer possible for him to discharge the duties of active work.

But it was as a teacher of medicine, that the subject of our notice more particularly achieved a name unsurpassed in the profession, in any country, or at any time. Even while he was an exile at Rochester, Canadians were with him studying medicine; and after he came back to Toronto, he very shortly had about him a class of students who delighted to sit at his feet, listening to the words of learning from the eloquent teacher. Dr. Rolph is the founder of the two medical schools now existing in Toronto. Many years ago, while he was alone in giving instruction,

students, going to McGill College, had credited to them the lectures delivered by him, as a regular course. But many of his students went before the Medical Board of Upper Canada. The success which attended his teaching before long became generally known, and his School became a rival to the one constituting the Medical Department of King's College Toronto. In the year 1853, we believe it was, an Act of Parliament, was obtained by which his School was incorporated under the title of "The Toronto School of Medicine." Although possessed of this name, the School continued to be called by many "Rolph's School." Some time about the year 1855, a union was effected between the Toronto School of Medicine and the University of Victoria College. But, at the commencement of the 4th or 5th session, owing to some misunderstanding, all of Dr. Rolph's colleagues withdrew from the College, and continued to work under the title of the Toronto School of Medicine. Although thus left alone, he proceeded with the work of the session, and by the aid of a few others finished the course, with a limited number of students. The following year, however, the class was larger, and as year succeeded year, the Medical Department of Victoria College increased in number and efficiency. Two years ago, although he had undertaken to deliver his usual course upon the Practice of Medicine, he was compelled from failing strength to cease his lectures. Indeed, during the previous year, his feeble tones could not reach beyond the first seats of the class-room; yet the students were ever silent to try to catch the words of the "old man eloquent." Notwithstanding the waning physical strength of the old veteran, he retained much of his mental power and continued to occupy the office of Dean, until a few months before his death.

Dr. Rolph, in addition to his M.R.C.S. of England, had the degree of M.D. from Victoria University. The same institution also conferred upon him the honorary degree of LL.D. When the fact of his death became known in Toronto, every respect was shown for his memory by the College over which he had so recently presided. The lectures were suspended for the week, and the students after passing resolutions of condolence with the bereaved widow, resolved to wear mourning on the arm for a period of thirty days. Had the remains been interred in the city, the faculty and students intended in a body to follow them to the grave.

We have already given as much space as is at our disposal, and we conclude this hastily written sketch of a great medical teacher, with the respectful offer of our deepest sympathy with those who have lost a husband and father.

THE LATE DR. ROLPH AND VICTORIA COLLEGE.

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The following address has been presented by the students of Victoria College:—

TO MRS. J. ROLPH :

*Dear Madam,*—It is with profound feelings of sorrow that we, the undergraduates of Victoria College, learn of the death of our late and honoured Dean, Hon. Dr. Rolph.

As it has pleased Almighty God, in His Divine providence, to remove him from the cares and anxieties of this life, we feel it to be our duty to share, as far as possible, your great affliction and sad bereavement.

By his removal you have lost a kind and devoted husband, we have been deprived of a great and faithful friend, and the profession to which we are aspiring one of its ablest and most successful members.

The kindness of his heart, the purity of his conduct, the urbanity of his manners, and the wisdom of his counsels, bound us to him by the strongest cords of affection.

We have reason to be grateful that he has been spared so long to adorn the social and scientific walks of life, and to win for himself so many proud distinctions in science, arts and literature.

The prosperity of Victoria College in the past, as well as its present proud and exalted position among similar institutions, is due, in a great degree, to the indefatigable energy, great ability and untiring zeal of our late lamented Dean, whose name was almost synonymous with medical education.

Although we will have him no longer in our midst to cheer and assist us on, yet he has left a name and an influence that will encourage and inspire us in the acquisition of our profession.

When *we* feel so keenly the loss of our esteemed friend and instructor, how much more keenly will *you* feel the loss of him who is torn from your bosom to be laid in the cold and silent tomb, whom you were wont to call by the tender and expressive name of husband.

But God, who called him from you laden with the rich honours of a well-spent life, will be a husband to the widow and a father to the fatherless.

We hope you may be strengthened and sustained in the midst of your sorrow and affliction by Him who can turn sorrow into joy, and grief into happiness.

Dear Madam, accept our deepest sympathy and heartfelt condolence on your present sad bereavement; and we hope that when the cares of this life are over you may meet your dear husband in that brighter land that knows no parting.

Signed on behalf of the students of Victoria College.

R. McDONALD,

D. S. McCOLL,

F. D. ASTLEY.

L. C. CAMPBELL,

Committee.

Yorkville, 22nd Oct., 1870.

### BOOK NOTICE.

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**RENAL DISEASES.** A Clinical Guide to their Diagnosis and Treatment. By W. R. Basham, M.D., Fellow of the Royal College of Physicians, Senior Physician to the Westminster Hospital, and Lecturer on Medicine, &c., &c. Philadelphia: Henry C. Lea. Toronto: Adam Stevenson & Co.

This little volume treats, in a plain practical way, of the various disorders to which the kidneys are liable. It is divided into three parts, the diseases being grouped together in a manner very convenient for clinical reference. Part I. treats of those diseases marked by symptoms of a more or less inflammatory type. Part II. of non-inflammatory renal affections; while Part III. is devoted to the physical, chemical and morphological properties of the urine, and a consideration of their significance in disease generally.

Part III. takes our fancy especially, as supplying a want felt by many young practitioners. Here we have the various morbid constituents of the urine described, simply, yet practically. Under albumen, for example, we have in the first place a few prefatory remarks as to its great pathological importance &c. The diseases in which it is present are then divided into two groups:—1st. Those in which it occurs permanently, and, 2nd. Those in which it occurs temporarily, in the urine. Then come the usual tests, sufficient for ordinary clinical purposes, followed by others more delicate when the quantity of albumen may be very small, and the means of making an accurate estimate, where a knowledge of the exact quantity present may be desired. In like manner, sugar, urea, the phosphates, &c., are taken up, their pathological significance considered, and the various means of testing for them and estimating their quantity described.

A thorough knowledge of this subject is of great utility to the practitioner; and it is to be feared that, in Canada, it scarcely receives that attention, at the hands of many of the profession, to which its importance entitles it.

THE  
CANADA LANCET,

A MONTHLY JOURNAL OF  
MEDICAL AND SURGICAL SCIENCE.

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VOL. III.

DECEMBER, 1870.

No. 4.

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**Original Communications.**

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TREATMENT OF TRANSVERSE PRESENTATIONS.

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BY A. L. FULTON, M.D.

As transverse presentations are the worst forms of dystocia met with in practical midwifery, I am pleased to submit to the medical profession the treatment of a perplexing case that occurred in my practice :

Mrs. M——, residing in Kas., U. S.—aged 20—primipara—was taken with labor pains on Saturday, Oct. 22nd. I was summoned in consultation on the following Monday. I was informed that the *liquor amnii* had discharged about mid-day on Sunday, and that since that time the patient had been very restless, and the bearing down pains inefficient up to six hours before my arrival, when they had entirely ceased. I found her very irritable and restless. She complained of a very severe pain in the head, rigor, and abdominal tenderness. She had considerable nausea, and vomited frequently.

I made a thorough examination and found the *os* well dilated, and the child in the *right cephalo-iliac* position, with *left shoulder* presenting; the head of the child being distinctly felt from without in the right iliac region, the dorsum to the front, and the left shoulder pretty well down in the pelvic cavity, but not apparently wedged tightly.

On auscultation I discovered that the child was still alive. I recommended the administration of ergot and stimulants at once in the ordinary doses; I also advised a hot *foot bath*, &c. By these means we succeeded in reviving the pains moderately in about three quarters of an hour.

I then directed the patient to lie on her left side, which was the most favorable position for the object of my proposed treatment, and having oiled the back of my right hand, I introduced it into the vagina, raised up the shoulder, and in order to raise the shoulder completely out of the pelvis, I allowed two fingers to follow the shoulder into the uterus. At the same time I manipulated with the left hand externally, so that through the conjoined manipulation of the right hand internally, and the left externally, together with the postural assistance, I succeeded in bringing the head into the excavation of the pelvis, I was then prepared to apply the forceps; but the irritation produced by the hand had stimulated the uterus to such activity that the child was expelled in a few minutes without the aid of instruments.

The child was delivered alive, and both it and the mother are doing well.

The post partum hæmorrhage was rather alarming at first, but by the ordinary treatment it was soon stopped.

I am firmly of the opinion that the routine practice of turning and delivering by the feet is totally uncalled for in the majority of shoulder presentations, especially when the diagnosis is made early, before the amniotic fluid has escaped. The following are the reasons why I would recommend the above as the better treatment:

1st. It is natural for the head to be born first; hence when we procure podalic version we pervert the law of nature.

2nd. We have a much better opportunity of saving the life of the child than podalic version would afford us. We should not forget for a moment that we have the life of the child as well as the mother under our care.

3rd. The whole hand does not require to be introduced into the uterus, as it generally does in podalic version, hence there is less danger of rupturing or otherwise *injuring the uterus*.

4th. When compression of the head or traction is required we can apply the forceps with much greater facility.

5th. We have a much better opportunity for mutilating *when that becomes necessary*.

6th. The danger of post partum hæmorrhage is decreased.



7th. The irritation produced by the child's extremities in passing slowly from the uterus through the os and vagina assists in contracting the uterus and arresting hæmorrhage when it occurs.

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### HEREDITARY MALFORMATION.

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I lately attended a woman in her confinement, who, on the external side of the middle of the first phalanx of each little finger, presents well formed stumps of what were supernumerary fingers. Her infant had one on one hand, and a tubercle on the other hand in place of it, showing that the tendency existed but development was arrested. On inquiry, I was informed that in her grandfather's family, three children, including her father, had these appendages; while four of her father's family were similarly marked. One of my patient's sisters, who was confined some time ago, also had the extra fingers, as also her infant. The finger of my little patient, which I have in my possession, is well formed and has a fully developed nail.

A. EBY, M.B.

Sebringville.

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### Editorial.

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#### INCREASE IN SIZE OF THE *LANCET*.

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The next issue of the *Lancet* will be increased in size, and appear in an entirely new dress. From the encouragement and support we have received since assuming the management in September last, we feel justified in expending a considerable sum in improving the journal. It will be increased to 64 pages, and otherwise improved in appearance, so that it will, it is to be hoped, be still more acceptable to our many subscribers. Since we assumed the management, our subscription list has increased at about the rate of 50 per month, a circumstance which affords us considerable encouragement, and warrants us in proceeding thus early with the changes and improvements which we have in contemplation. The subscription price will still remain the same.

MEDICAL SOCIETIES.

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The formation of medical societies is a matter which should receive the attention of the medical profession more than at present. True, there are societies in successful operation in some parts of the country; but in the great majority of places there are no such organizations. In parts of the country where they have been established, they have been found useful in promoting harmony and good feeling among the various members of the profession: in determining the rules of etiquette; in regulating to a certain extent the tariff of charges, and in driving from the ranks men who are unworthy their calling.

It is an old motto, that "Union is strength," and this is true in every sense of the term, as applied to the medical profession. No great reform can be secured except by united effort; and in asking for any enactments for the benefit of the profession, or demanding the redress of any grievance, the voice of a society—speaking unanimously for or against a measure, as the case may be—will carry greater weight with it than that of private individual members, no matter how influential they may be.

There are many grievances which could easily be remedied, if the profession were only more united, and more active and energetic in looking after their own interests. A great many complaints are made by individual members, from time to time, in reference to the defective state of the laws regarding the giving of evidence in criminal cases; but from want of united effort on the part of the medical men themselves, nothing is done, nor is likely to be done.

One great object of medical societies is to promote harmony and unanimity of sentiment among the professional brethren. They can meet together at stated periods, and discuss matters pertaining to their calling on common ground, and thereby become better acquainted with each other, and be less likely to fall into the error—too often incurred—that of treating every professional brother, with whom they are not on intimate terms, as an enemy. They also tend to promote liberality and brotherly feeling, to awaken a lively interest in the general welfare of the profession, and afford an excellent opportunity for mutual improvement, by the reading of papers and the discussion of subjects of interest occurring in practice. Difficult and

perplexing cases might be brought under discussion at these meetings, and the suggestions and opinions of the various members might be found useful and valuable in arriving at a correct diagnosis, or in determining the appropriate plan of treatment.

All will admit that the time has come when the profession should be united more firmly and cordially together; that they should extend to each other more than ever the right hand of fellowship, and endeavor, by their actions and conduct towards each other, to secure more fully the confidence and respect of the public, and endeavor, by their example of moral rectitude, to elevate the standard of the profession in this country, and place themselves in a position second to none other of the learned professions.

The profession of medicine, if properly and honorably sustained, is one of the noblest and purest to which a man can devote his time and talents. It affords him many opportunities of doing good to his fellow-beings, and relieving the pangs of suffering humanity. It affords him many opportunities for the exercise of self-denial, and of bringing into play those finer feelings which tend to elevate and ennoble the mind. It constantly brings before his mind the many imperfections, weaknesses and infirmities of human nature, and teaches him many useful and moral lessons which, if properly considered and observed, may prove highly important and instructive.

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By reference to our advertising columns, it will be seen that Mr. Rose (Chemist and Druggist, corner of Queen and Yonge-sts., Toronto), has been appointed agent for the sale of Codman & Shurtleff's Atomizing instruments. Heretofore the agency was in the hands of the proprietor of the *Dominion Medical Journal*; but we have thought it better and more convenient to the profession, to turn them over to Mr. Rose, who now offers for sale—the Steam Atomizer for purposes of inhalation, the Atomizer for local Anaesthesia, and also the Nasal Douche. These instruments are all well finished, and perfect in every respect. We have one of the Steam Atomizers, and it works well; is easily adjusted, and gives good satisfaction. The

atomizing apparatus for local anæsthesia is a most useful instrument, and should be in the hands of every surgeon.

The nasal douche is intended for the treatment of diseases of the nasal cavity, such as catarrh, ozena, &c. It is very simple in its construction, easily applied, and very effectual in clearing out the nasal cavity. These instruments are all very low in price. They are securely packed, and may be sent by express to any address. Full instructions for use accompany each instrument.

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## THE PEOPLE vs. THE PROFESSION.

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HUNTER V. OGDEN.

At the Assizes recently held in Toronto by Chief Justice Richards, an action for breach of contract was brought by one Thos. Hunter, a journeyman bricklayer, now of this city, but formerly a member of Forrest's cavalry in the Confederate army, against Dr. Uzziel Ogden of Toronto, and as we think it brings up issues of very serious import to the whole profession throughout the Dominion, and may possibly be made a precedent for other similar actions in the future, we take the liberty of devoting a considerable space to its consideration in order that our friends may have some idea of the responsibility and danger they incur in their daily practice, and the kind of justice to be expected at the hands of a popular jury. It appears that on the evening of the eleventh of April, plaintiff asked Dr. Ogden to see his wife who was supposed to be in labor, the friends representing that severe pains had existed for several hours, but on examination, the os uteri was found perfectly undilated.

The pains then ceased and did not return till about noon of the next day. Plaintiff again called at Dr. Ogden's office between one and two o'clock on the 12th of April, and said he "thought his wife was going to be sick." The Doctor knowing the peculiarities of the patient, and believing that he was not needed then, told plaintiff he "he would call as he was going through the ward in the afternoon," repeating the statement several times in order that he might not expect him at any particular hour, and would send again if the pains became urgent. The defendant expressly told plaintiff that "he did not leave his

house till three o'clock," in reply to plaintiff, when asking him what time he went out.

When three o'clock came and no message was received, the Dr. went to the House of Industry where he is required to be every Tuesday and Friday at three o'clock, and in view of which engagement he declined to mention an hour when he would be at plaintiff's. Having attended to his duties there he drove directly to Hunter's, which is about *four minutes walk* from the House of Industry, and about the same distance from his own office.

On arrival at the plaintiff's, he found that instead of sending for him again, they had called in some one else, Hunter saying, "they had got another Doctor," but without mentioning his name; and the defendant found a person who was a total stranger to him, sitting by the bedside, where he showed every disposition to remain. Dr. Ogden, seeing his desire to retain the case, said he would "leave it in his hands, as there was no occasion for both to remain;" but as plaintiff urged the defendant to "wait and see," he repeated several times the statement that there was no occasion for both to remain, till, finally, the gentleman who was in attendance, got up from his chair, saying, "perhaps they would rather he would go away and leave the case in Dr. Ogden's hands;" whereupon the plaintiff's wife replied, "No, we don't mean that, but we want Dr. Ogden to remain, too."

Defendant says, when he thus saw they only wanted him to stay and watch, and the other gentleman appeared to be doing all that was necessary, he left the house.

Now it appears from the evidence that the case was one of foot presentation, and the gentleman who was called in brought down the feet, one of which, he says, was so hitched on the perineum, as to arrest labor, while the other was thrust out of the vulva. Having delivered the body, he allowed the head to remain in the pelvis for half-an-hour, where it still was—with the cord pulsating—at the time Dr. Ogden left the house, although defendant says he had no opportunity of verifying the statement.

After Dr. Ogden left, the child was delivered dead, and some weeks after labor, insanity, which had clearly manifested itself during gestation, and which was proved to be hereditary, developed itself again in a very mild form.

Plaintiff sued Dr. Ogden for breach of contract, asserting that the doctor promised to be at his house at three o'clock, and did not go for nearly two hours after; that in consequence thereof, his wife's labor was that much longer than it should have been, that the child was lost and insanity produced. Damages were laid at three thousand dollars.

Defendant swore that he did not promise as stated, and he showed by the evidence of Drs. Hodder, Workman, Nicol, Russell, Geikie, Agnew and Philbrick, that according to the plaintiff's own evidence, the labor was a very short and easy one, being only four or five hours long; that the prospects of both mother and child were not endangered by the absence of defendant; that he was present in full time to have rendered all necessary assistance if he had been allowed to do so, and that the subsequent insanity could hardly be chargeable to an unduly prolonged labor when the whole duration was less than five hours; and further that insanity was hereditary, and had evidently manifested itself during gestation, while a large proportion of the children in footling presentations were necessarily lost. Drs. Aikens, Wright, and Ross were in attendance to bear similar testimony, but defendant's counsel thought the evidence was so strong already they would not be required, and hence they were not called; but, notwithstanding the evidence, and the charge of His Lordship the Chief Justice, which appeared to be very strong in favor of defendant, the jury returned a verdict for plaintiff with five hundred dollars damages. The trial occupied two whole days.

Now we think it would be well for the profession to consider carefully the position in which they are placed by the verdict in this case.

In the first place Chief Justice Richards ruled that the ordinary promises of medical men, although generally supposed to depend upon contingencies, have all the force, character, and responsibility of written contracts, an interpretation of law we venture to say that few medical men ever dreamed of, while the counsel for plaintiff broadly asserted, without contradiction, that if a medical man was ten minutes late in keeping an appointment he would be liable for any suffering the patient might endure in the meantime. But the verdict in this case shows this principle of law in a more pernicious light still, for it proves that it is only

necessary for a person to come forward and swear that a promise had been made, and that certain misfortunes, real or imaginary, were the results of delay in keeping such promise, in order to obtain heavy damages at the hands of an ignorant or prejudiced jury, and who can say when he will not come across a man more ready to make money by strong swearing than by bricklaying.

In the face of such facts we think it is quite time for the profession to take some steps towards securing by Legislative enactment that protection which it appears they cannot hope for from the law as it now stands. We understand that Dr. Ogden has already taken the opinions of Dr. McMichael and R. A. Harrison, Esq., M. P., his counsel, on this matter, and they advise him that if the Chief Justice's ruling in this case be sustained by the court above, that Legislative protection should be obtained by the profession without delay.

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Among our advertising pages will be seen the advertisement of Dr. Henry A. Martin, of Boston, who is prepared to supply the profession, both in the United States and Canada, with good reliable *Vaccine Virus*. He has made the propagation of vaccine matter a special study for the past twelve years, and is able to supply the profession with either *vaccine virus* or *cowpox virus*. The importance of proper vaccination cannot be overestimated, and we are glad that a good supply of reliable matter can be obtained so readily. We have been written to frequently for a supply; but it is almost impossible to obtain it. All virus sold by him is collected by himself, and warranted to give satisfaction, and in case of failure, a second supply will be sent free of charge.

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### A SERIOUS CHARGE.

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The *Northern Light*, a paper published in Orillia, in its issue of Nov. 11th, says:—

“We are informed on the highest authority that many of the medical students who passed their examination in April, before the Medical Board, have not yet received their certificates. As Dr. Strange is simply the paid official of this body, we deem such conduct highly reprehensible, and shall not hesitate to expose his want of ordinary and gentlemanly courtesy. If the *Lancet* neglects to attend to the interests of the profession in this country, we are not afraid to do so, and shall request our metropolitan contemporary to thoroughly ventilate the subject.”

If such is the case, we are not aware of it, as no complaints have reached us with reference to the matter. Should there be any graduates who have not received their certificates from the Registrar, we would be obliged if they would be kind enough to send us their names, and we will inquire into the cause of delay, and then we will be in a position to expose the negligence if such exists, or to deny the charge of our contemporary if such is not the case.

We would like to hear from the Registrar himself anent the subject.

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NOTICE TO EXCHANGES.—Some of our friends with whom we exchange journals, have been sending two copies—one for the *Lancet*, and the other for the *Dominion Medical Journal*. We need scarcely remind them that the latter journal has become the CANADA LANCET. This is the only medical journal published in Ontario. Our friends will therefore be kind enough to send their exchanges to the *Canada Lancet*, Toronto.—[Ed.]

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## Selected Articles.

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### FLEXION AS A HEMOSTATIC MEANS.

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In the course of an admirable address in surgery, delivered at the late meetings of the British Medical Association, Mr. George Y. Yeath, surgeon to the Infirmary at New-castle-upon-Tyne, recounted the results of some experiments undertaken to decide the efficacy of flexion as a hæmostatic means as follows :

A. *Upper Extremity*.—1. Forearm bent on arm by muscular action of the individual experimented on. In persons with considerable muscular development, pulse at the wrist entirely stopped.

2. Forearm bent on arm simply, with the hand flat on the shoulder. Pulse weak and indistinct sometimes, but rarely quite weakened.

3. Forearm bent on arm, with hand pronated. Pulse more weakened, sometimes stopped.



4. Forearm bent on arm, hand pronated and extended. Pulse usually quite stopped.

5. Forearm bent on arm, hand pronated and bent at wrist. Pulse either almost imperceptible or quite stopped.

6. Forearm bent on arm, with a roll of lint, or cambric pocket handkerchief rolled up and laid in bend of elbow. Pulse always entirely stopped.

B. *Lower Extremity*.—Leg flexed on thigh. Pulse in posterior tibial artery much weakened.

2. Leg flexed on thigh, and thigh on abdomen. Pulse in posterior tibial stopped altogether, almost invariably.

3. Leg flexed on thigh, with a roll of lint or cambric pocket handkerchief laid in the bend of the knee. Pulse stopped in some cases; not always; but with flexion of thigh on abdomen also, pulse invariably stopped.

4. Thigh bent on abdomen, the trunk bent forward. Pulse materially weakened.

From these experiments, as well as from those cases of actual bleeding in which this method has been used, it may fairly be inferred that we possess in over-flexion a blood controlling agent of considerable power, which can be applied on the shortest notice, which requires neither instruments nor apparatus other than can be obtained in the poorest cottage; which can be put in force by any one possessing neither special knowledge nor operative skill; which is not dangerous in itself, and which may be relied upon with certainty to restrain bleeding, at least temporarily, even when it may fail permanently to arrest it. The bleeding from a wounded artery is so striking a thing—so many circumstances occur to attract the eye and arrest the attention—the crimson blood flying in jets across the room, or welling from the wound; the deathlike aspect of the bleeding man—his livid pallor and convulsive agitation; these are so appalling, the absolute danger is so great and imminent, that we do not wonder if the ordinary bystander is palsied by affright, and the surgeon himself deeply impressed by the gravity of the situation. It is to such a scene that, suddenly and without preparation, he may be summoned, perhaps to some remote place—it may be in the middle of the night. Without assistants, except the terror stricken spectators who encumber the room, by the flickering light of a candle, a practised operator might hesitate to undertake the search after the wounded vessel. If then, at such a time, the mere flexion of a joint will remove the danger, allay the

tumultuous excitement, dissipate the apprehension and anxiety, and relieve the surgeon from an embarrassing and perhaps doubtful operation, were it only temporarily, it is surely a valuable addition to our resources.—*Med. Gazette.*

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### POISONOUS EFFECTS OF ORANGE PEEL.

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Now that oranges are in every child's mouth in California, it is well enough for parents to know that fatal consequences may follow the swallowing of the rind. Many years ago we had in charge two little girls, sisters, four and six years of age, who were seized with violent inflammation of the bowels from this cause. One of them died in convulsions, and the other had a narrow escape. Since that time quite a number of instances similar in character have come under our observation. Quite recently we have seen a child something over a year old, that was attacked with violent dysenteric symptoms for which no cause could be assigned. The attack came on during the passage of the family on the steamer San Diego. The symptoms were so identical with those which we had previously noticed to arise from poisoning by orange-peel, that we were induced to inquire particularly if the child had had an opportunity of getting this substance in its mouth. We were informed that it had been playing with an orange and nibbling at it just before the attack of disease. The discharges from the bowels were frequent and painful, and consisted of blood and mucus. After a week of severe enteric inflammation, the child died. We have no doubt the disease was brought on by the rind of the orange. Though but a small quantity must have been swallowed, yet a very small quantity of such an indigestible and irritating substance will often produce the most serious consequences. The oil of the rind is highly acrid, and adds greatly to the noxious quality of the indigestible mass. We learn that it is a common practice among the children at some of our public schools to eat the rind, and that juvenile merchants have been known to trade off the inside of the fruit for the skin.—*Pacific Med. and Surg. Journal.*

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The name given to Chloral by the Germans, is, Trichlorethylhydrocarbonoxyl. For variety, they sometimes call it Trichloracetoxylwasserstoff, or Tychloracetyloxyhydrat.

SUPPOSED NOXIOUS EFFECT OF FRUIT.

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Every summer, when complaints of the bowels set in, just as the season for fruit commences, many people, and not a few physicians, are wont to exclaim—"So much for fruit!" We are glad to see that Dr. Snow, the indefatigable Health Officer of Providence, R. I., takes pains to correct this prevailing error. The great mortality in the fruit season is among children too young to eat fruit. Both common sense and statistics go to prove that a reasonable proportion of sound and mature fruit and vegetables, conduces to health and not to sickness.

Since the above was written, the monthly health report of Dr. Logan has come to hand, enforcing the same estimate of the relation of fruit to health,—*Lancet and Observer*.

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GONORRHŒA.

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Prof. W. A. Hammond, in his "Lectures on Venereal Diseases," asserts his belief, which he supports by cases, that gonorrhœa may be introduced either by the virus of hard chancre, or by the virus of soft chancre, when the chancreous matter has been deposited for a certain length of time upon the mucous surface, without any abrasion being present, or without any chancre following. Vaginitis and urethritis may be induced by other causes, but true gonorrhœa owes its origin to the contagion of chancreous pus alone. He also believes that the gonorrhœa induced by the matter of a hard chancre will be followed by and may impart constitutional syphilis, just as if a chancre had been present. Dr. Hammond's opinions in this respect coincide with those of Hunter. The experiment of Ricord appeared to have finally decided the question that gonorrhœa was incapable of producing syphilis, and that they were totally different disorders. But the conclusions arrived at by Dr. Hammond are:—

"1st. That the virus of an infecting chancre, when deposited on a secreting mucous surface upon which there is no solution of continuity, may give rise to gonorrhœa unattended by chancre, but which is syphilitic in its character, and capable of producing constitutional disease.

"2nd. The matter of such a gonorrhœa is capable of causing an infecting chancre, either by natural or artificial inoculation, which chancre is followed by constitutional syphilis."

Similar propositions are made about soft sores.—*Lancet and Observer.*

## ON DISLOCATION OF THE WRIST.

By HOLMES COOTE, Surgeon to St. Bartholomew's Hospital, etc.

To the question, which is so often raised, Do we meet with cases of dislocation of the wrist in practice? the correct reply is, almost without exception, that under that head have been described instances of fracture, impacted or otherwise, of the lower extremity of the radius. In the museum of the hospital (Series iii. No. 78) we have the radius of a young man which had been broken three-quarters of an inch above its carpal articular surface. The posterior or dorsal margin of the upper fragment is driven into the cancellous tissue of the lower one. Their palmar margins are in contact, but a projecting angle is here formed at the line of fracture. In another specimen the projecting angle is on the dorsal aspect (No. 89). In other cases (Nos. 94, 95) the line of fracture is just above the epiphysis.

But in speaking of the "wrist" let us inquire what is meant by the term. If we refer to the movements of the hand we must include at least six articulations. (1) The rotation-joint, or that between the radius, ulna, and inter-articular fibro-cartilage. (2) The flexion-joint, or that which allows the hand to drop towards its palmar aspect—namely, between the radius and inter-articular fibro-cartilage on one side, and the scaphoid, semilunar, and cuneiform bones on the other. (3) The extension-joint, or that which allows the front of the hand to be raised towards the dorsal aspect—namely, between the scaphoid, semilunar, and cuneiform bones on one side, and the trapezium, trapezoid, and magnum and cuneiform on the other. (4) That between the pisiform and cuneiform bones, which favors palmar and volar flexion. (5) The carpo-metacarpal joints, in which the movement is very limited. (6) The trapezio-metacarpal joint, which gives to the thumb the freedom of action of a ball-and-socket joint, and enables it to be brought into every degree of opposition. The arching of the hand downwards is a combined movement of all the joints, including that at the bones of the forearm.

That dislocations are uncommon is due to the fact that the bones are small and numerous, the ligaments and surrounding tendons are strong, and it is not easy to apply such a degree and direction of forces as will cause such an accident in preference to fracture. When dislocations do occur, they are mostly combined with laceration of the soft parts, being caused by severe machinery or gunshot accidents. The displacement of the bones then becomes of secondary consideration.

In combination with such severe injuries, the following dislocations have been observed: (a) Dislocation of the radius forward and backward, the ulna remaining attached to the carpus. (b) Dislocation of the ulna forwards, backwards or inwards, the radius remaining attached to the carpus. (c) The tearing away of the carpal bones from the forearm. (d) Dislocation of the first and second row of carpal bones. (e) The scaphoid, pisiform, magnum and trapezium have been dislocated separately. (f) Dislocations of the thumb are well known; it may be thrown backwards, forwards, or towards the index finger.

In speaking, then, of dislocation of the wrist we must take into consideration the whole set of articulations. Such accidents are very uncommon, except as associated with severe compound fracture and laceration.—*Lancet*.

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## PHILADELPHIA HOSPITAL.

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### POISONING FROM 460 GRAINS OF HYDRATE OF CHLORAL. SERVICE OF F. L. LUDLOW, M.D.

At 5½ o'clock in the morning of September 18, Mrs. B., a nurse in the Woman's Medical Ward, was found in a deep sleep, from which she could only with very great difficulty be even partially awakened. Thirty grains of ipecac. were immediately given, under the supposition that some dangerous narcotic dose must have been taken. As this failed to produce emesis in ten minutes, an attempt was made to administer a mustard emetic, but she could not be forced to swallow it. At 6 o'clock the respirations were 35 in the minute, and heavy and stertorous; the pulse was quick and frequent, numbering 140 in the minute. The face was somewhat flushed, and the extremities cold and livid. No change was observed in the pupils, except that under the influence of light the left one contracted, while the right seemed scarcely affected. A bottle marked "Hydrate of Chloral," which was

known to be full only a few minutes before the occurrence of the alarming symptoms, was now discovered nearly empty. Suspecting this medicine to be responsible for the woman's condition, she was transferred to a chair, mustard poultices were applied to the extremities, and vigorous flagellation was resorted to. This severe treatment was pursued for one hour before the least sign of returning consciousness was appreciable. She now endeavored to raise her hand to her face, which I was slapping with my hand. Before this time every muscle was *most completely* relaxed. Another indication of approaching consciousness was an occasional moan, which the flagellation would draw from her; but the moment the treatment was discontinued she sank back into the most profound slumber. At this juncture a very powerful faradaic current was applied along the spinal column, the course of the phrenic nerve, and to the chest. As soon as the poles came in contact with her body, she showed symptoms of discomfort by writhing and moaning as before. After continuing this mode of treatment for half-an-hour, she began to open her eyes at short intervals, and with some difficulty made us understand she was suffering; but the moment the poles were removed she sank again into the deepest sleep. At 9 o'clock it was observed that when the poles were applied, she endeavored to get off the chair and away from the object causing her suffering. The assistants were now directed to try to make her walk, with one on each side to support her and another behind to stimulate her vigorously with the palm of the hand. She made some effort to walk, but with a very staggering gait, requiring all the strength of the assistants to keep her from falling to the floor. The application of the battery and attempts at walking were continued alternately for two hours, at the end of which time (11 a.m.) she had so far recovered as to be able to walk unaided and to converse in an intelligent manner. A small quantity of whisky was now given, and soon after a good drink of beef tea, containing a considerable amount of capsicum. Considering that it would now be safe to allow her to sleep off the remaining effects of the narcotic, she was put to bed, and slept soundly from this time until 6 p.m., being easily awakened at intervals of an hour or two for the purpose of receiving nourishment. She soon fell asleep again, and remained in this condition until the following morning, when she awoke, feeling quite sore, and with a slight headache, but otherwise very comfortable. There was no sickness of the stomach or constipation of the bowels following. Her statement is that, having been up all night nursing a patient with delirium tremens, she went to the ward

office about 5 a.m., in search of something to relieve a headache under which she was suffering, and finding the solution of chloral, drank the greater portion contained in the bottle. She immediately felt a burning sensation, and swallowed some water to relieve it; beginning to feel faint already, however, she endeavored to reach her bed, but according to the statements of those around her, fell to the door before reaching it. She remembers distinctly going to her ward, but nothing after that until recovering at 11 o'clock the following morning. She has no knowledge whatever of either the flagellation or the application of electricity. The bottle from which the dose was taken contained 10 drachms and 2 scruples of hydrate of chloral, dissolved in 4 ounces of cinnamon water, and had been brought from the drug store only the previous afternoon. One of the physicians used 6 fluidrachms of the solution, containing 120 grains for some of his patients, but no more was taken by any other person, except this woman. She left in the bottle only 3 fluidrachms containing 60 grains of chloral, each fluidrachm of the solution corresponding to 20 grains. Supposing, then, that she swallowed the rest of the four fluidounces (and it is safe to presume she did, from her own statement), she took at least 460 grains of hydrate of chloral. Her pulse was carefully watched throughout, and at the time when she seemed to be most thoroughly under the influence of the poison it was wholly impossible to be counted, so small and frequent was it. As the stupor became less marked, the pulse gradually approximated towards normal frequency, remaining at 100 beats per minute at 11 a.m.

The treatment above described was adopted on account of the resemblance between the symptoms present and those which result from an over dose of opium or some of its alkaloids; and from the threatening condition which was developed in this patient by this large dose of chloral, it seemed as though her sleep would have passed into the sleep of death, had it not been for the timely application of faradization and vigorous flagellation. At the time of the occurrence of the case I was not aware of the existence of any supposed antidote for the hydrate of chloral.

**IODIZED MILK.**—From Hoffman's most admirable report on the progress of pharmacy, 1869, we make the subjoined extract, which has a practical value for the physician:

*Iodine and Milk.*—It is well known that milk takes up iodine, disguising its taste, smell and color, completely; since iodine is an antiseptic, iodized milk keeps for some time. Dr. Hagar calls attention to this fact, and suggests that this, perhaps, is the mildest form

of administering iodine. Its therapeutic effect seems to be equal only to about one-fifth of the iodine.

Hagar thinks iodized milk will soon become a favorite form of administering iodine, and suggests the following mode of preparation: one part of iodine dissolved in ten parts of alcohol, admixed with ninety parts of fresh warm cow's milk.

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### LANCING THE GUMS IN DENTITION.

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H. Gibbons, M. D., in the *Pacific Medical and Surgical Journal* says:

"There are three objections to scarifying the gums: First, the pain and struggling of the child; second, the increased difficulty of teething arising from the cicatrix; third, the danger of hæmorrhage.

"As for the pain, it is trifling, and unworthy of notice. The consequent relief is much more than sufficient to counterbalance the pain. Often the itching of the gums is so intolerable that the impression of the lancet is agreeable. I have known a child to close its jaws on the instrument, and press it into the gum with evident satisfaction.

"The struggling of the child, and its fright, are of greater importance, especially if the operation be bunglingly done, as is often the case. There is but one right way of doing it. Take your seat behind the child, as it rests on the nurse's lap in a proper light, and, placing your knees towards its back, draw its head down between your knees. Let the nurse hold the infant's hands. What with your knees and your two hands, the head is now completely under your control. Grasp it between your two palms, and, as it opens its mouth to cry, thrust one or two fingers of the left hand in its mouth to keep the jaws apart, and use the lancet with the other hand. By this method you have the most perfect command of the head, and can cut exactly in the spot, and to the extent you desire. I am thus precise in the description, because I have so often seen the operation so awkwardly undertaken as to fail of its purpose, and to endanger serious wounding of the child's mouth.

"Some writers have recommended cutting down on the outside of the gum, toward the root of the tooth, and not on the ridge, in the perpendicular direction, toward the crown. If the gum be much swollen, and the tooth deep, this plan may answer.

"In some cases, it is sufficient simply to relieve the distension by scarifying without cutting down to the teeth. The loss of a few drops of blood in this way is often eminently useful, aside from any topical effect.



"The second objection, namely, the cicatrix, is scarcely worth a serious refutation. When we consider that the tooth effects a passage by inducing absorption of the gum through pressure, it is evident that absorption will be more easily accomplished where there is a cicatrix, than where the tissue possesses all its original vitality and power of resistance. Repeated incisions, therefore, have an effect opposite to that which the popular mind ascribes to them. By weakening the vitality of the tissues, they facilitate the exit of the tooth.

"The idea of induration, as attached to the cicatrix, is probably fallacious. I have never observed any induration of the gums after scarification, perhaps because they heal so speedily, and are kept constantly moist.

"Finally we come to the most important objection—the danger of hemorrhage. This is of rare occurrence. In an experience of more than forty years, during which it has always been my practice to use the lancet freely in dentition, not a single instance has occurred to me. I have heard the same testimony from my father, after forty years of practice, in which he never hesitated to lance the gums of a teething child.

Dr. Hatch, of Sacramento, in a paper read before the Medical Association of that city, mentions four cases of hemorrhage following incision of the gums, which have come to his knowledge, all of which proved fatal. In these cases however, there was pre-existing disease, which, in all probability, would have destroyed life, had the gums been left intact. Further, they had been treated with calomel, until the peculiar effect of that agent on the blood appeared to be fully established. Dr. Hatch infers that the operation should never be performed on anemic children, or on those whose appearance might lead to a suspicion of the hemorrhage tendency; and that it should be particularly avoided in patients under the influence of mercury.

"The experience of Dr. Hatch is exceptional, and not to be accepted as a guide, in regard to the frequency of hemorrhage from this cause. It is extraordinary that so many cases should have fallen under the observation of a single practitioner. There have been deaths from hemorrhage resulting from the extraction of teeth—perhaps as large a proportion as from cutting the gums. The same may be said of many other minor operations. But such extraordinary accidents are not allowed to deter us from operating, when occasion presents. I therefore conclude that the irritation of the gums from teething is so much more dangerous, under all circumstances, than the cutting of them with the lancet, as to justify the operation, without regard to consequences."

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Dr. Alfred<sup>s</sup> Swain Taylor, so well known in this country by his work on Medical Jurisprudence, has resigned his professorship (Medical Jurisprudence and Chemistry) at Gay's Hospital, London.

## CASE OF COMPLICATED VENEREAL DISEASE.

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 UNDER THE CARE OF THOMAS BALL, L.R.C.P., &c.
 

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Mr. H., aged 30, married, applied to me for advice on March 9th. On examination of the penis I found three well-established chancreoids, together with "urethral gonorrhœa" and balanitis, the latter of which produced intense itching, so much so, that it prevented sleep for two or three nights in spite of a full dose of opium. He also had obstinate contraction of the prepuce. My treatment for the chancreoids was a saline cathartic, and rest in bed for the first day. Next morning I freely cauterized them with strong nitric acid, followed with water dressing three times daily. I also prescribed the following:—

R Potass chlorat., ... ..  $\frac{1}{2}$  oz.  
 Acid nitro-mur. dil., ... .. 3 drs.  
 Infusi Cinchonæ ad., ... .. 12 oz.—M.

Two tablespoonfuls, thrice daily.

Under this treatment, with low diet, they healed in about a fortnight. On the disappearance of the chancreoids, the contraction of the prepuce subsided and assumed its normal state; but the itching continued. To relieve this I found the following application of signal service:—

R Ol olivæ opt.  
 Ungt. cetacei aa., ... .. 1 oz.  
 Hyd. subchloridi, ... ..  $\frac{1}{2}$  dr.  
 Ext. opii aquosi, ... .. 1 dr.—M.

To be applied night and morning under the prepuce with a camel's-hair pencil.

For the urethral gonorrhœa I prescribed the following injection, which I find after long experience to be one of the best:—

R Zinci sulphat., ... .. 12 grs.  
 Alum sulphat. ... .. 24 grs.  
 Ext. opii aquosi, ... .. 20 grs.  
 Glycerini, ... .. 1 oz.  
 Aquæ ad., ... .. 8 oz.—M.

To be used with a syringe every three hours; also two capsules of copiba every six hours.

I may further state that I was called to attend his wife for vaginal gonorrhœa. My treatment in her case was, first, an injection of

R. Liq. plumbi subacetat. dilut., 8 oz.  
Decoct. papaveris, ... .. 24 oz.

To be used tepid three or four times daily, mild aperients, rest and warm hip baths; subsequently, injections of alum and sulphate of zinc. On the 31st of May I pronounced them both cured.—*Journal of Cutaneous Medicine, Belfast.*

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### CASE OF CHRONIC ECZEMA.

BY PROF. W. H. DRAPER.

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A woman of 48, presents the characteristic ruddy eruption, very well marked, on the right leg and foot. It has existed for thirteen months, and "came of itself." There is considerable thickening and infiltration, and the patient complains of itching and pain. She has always good health. She has consulted a number of doctors, and, last and not least, the proprietor of a much advertised pain paint. Feels very indignant at being taken in and fleeced without relief, by the "no cure no pay" caption, verbally made to her. The preparation gave her slight relief at first, but she declares it is composed of nothing but essence of peppermint—not very wide of the truth. The essential oil of peppermint is largely used among the Chinese, and when applied to a seat of pain is, like the patent nostrum of our own country, followed by a sensation of coldness and numbness, which will last for hours, and even days.

Treatment must be both constitutional and local. You may give arsenic if you will, combined with iron and a good diet. Locally, elevate the limb, keeping it as still as possible. We can, however, supplement rest and position by bandaging, being careful to apply it *secundum artem*, not from the ankle, but from the toes, too; if possible, above the knee. In this case, there is some enlargement of the superficial veins, but they are hardly varicose. Some months ago she had a severe hæmorrhage from one of these veins rupturing. The application of a rubber

bandage, which will exclude air, will often be followed by a cure of the cutaneous lesion, but I have never tried it. Exposure to air, no doubt, aggravates it. Preparations of the alkalies, tar, and solutions of the sulphate of iron have a good effect. Of the alkalies we may use caustic potash, 2 to 40 grs.; ad aquæ, 1 oz., applied with a camel's-hair brush, for the purpose of producing pain. If we use a very strong solution, it is to be washed off in from three to five minutes, as the pain is insufferable longer. We may use, too, the oil of cade combined with zinc, or a drachm of the flowers of zinc to an ounce of benzoated lard, and then use a drachm of this ointment with an ounce of the oil of cade. It at once stimulates and excludes air. I have seen very good effects from the iron. It produces contraction of the motor nerves, and when the circulation is improved, the condition of the part becomes easier. It should be strong enough to cause pain, 1 to 4 drs. ad aquæ Oj. for although the pain is severe, yet there is ultimate relief. It is to be applied about three times a week, and washed off after the pain has lasted for say five minutes. After it we may apply the benzoated ointment mixed with oil of cade. Outside of this we may put a piece of linen, and over that a bandage from the toes to beyond the knee. This should be removed about three times a week, oftener being hardly necessary. Among constitutional tonics we can give iron and arsenic, which should be continued for a good while.

As to the use of arsenic in eczema, and generally in cutaneous lesions, it can hardly be of no use when it has been so largely used with apparent success. In chronic cases the habit of arsenic eating may be acquired, just as of opium or cannabis indica; its abuse for improving personal charms is not unfrequent. Hebra, I am informed, does not now use it, although in his work he advises its use, but not with the enthusiasm of many of the English and French dermatologists, especially the former. It is almost a specific in psoriasis. Fowler's solution is perhaps the best form for administration, in gtt. v. doses; arsenious acid is also eligible, one-fifteenth grain doses. The arsenite of soda, made similarly to the arsenite of potassa, has an advantage over it. Sometimes Donovan's solution is given; it has been found especially efficacious in some cases of syphilide, but is apt to produce nausea. Arsenic should always be given upon a full stomach, or after eating, and in small doses, gradually increased.—*New York Medical Gazette.*

REMOVAL OF A MALE CATHETER FROM THE FEMALE  
BLADDER.

BY J. C. REEVE, M. D., DAYTON, OHIO.

In the latter part of July last, I was called to see a young married woman laboring under unmistakable symptoms of vesical calculus. Her sufferings were extreme; she was compelled to spring out of bed in my presence, get on the chamber-vessel, and strain violently. For relief from these sufferings she had resorted to large doses of morphia. There was nothing obscure in the history of the case. I was told that, five months before, she had broken off a piece of a catheter in her bladder. In reply to my inquiries as to why she was using such an instrument, I was told it was for "drawing her water." As she was about five months pregnant, others may believe as much of this explanation as they please, and I shall do the same. She had been under the care of three different practitioners since the accident happened, to one at least of whom the same story had been told as above, as he had assured the patient that it would soften and come away with the urine.

Physical examination yielded abundant evidence in confirmation. A large and irregular mass was readily felt up behind the pubes, by the fingers in the vagina, and a silver catheter introduced through the urethra came in contact with a foreign substance in the bladder.

Had not her sufferings demanded relief, her approaching labor would have necessitated the removal of the foreign body; and on the next day I proceeded to operate. I first attempted gradual dilation of the urethra, by packing the canal full of sea-tangle tents, intending to follow them with tents of compressed sponge; but the pain and distress occasioned compelled me to abandon this plan; it was impossible for her to bear the tents but for a few minutes. I then placed her under chloroform, and dilated the urethra with dressing forceps, and, after two or three trials, dragged out, with no little surprise, an entire gum male catheter of medium size, and measuring nine and a half inches in length! I had caught it near one end, but, in its softened condition from maceration, it readily bent close on itself, and came out thus doubled. The bladder was full of putty-like, cal-

careous matter, which was turned out with the finger. There were two concretions, however, about the size of chestnuts, evidently accumulations around calculary fragments broken off from the catheter; these I have preserved with the instrument. The bladder was washed out, the patient placed in bed, and made a rapid recovery. She could perfectly control her urine on the day following the operation.—*Medical Times*

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### CONDENSED FOOD.

There are few men to whom the world owes more than to the great chemist Liebig. Whether we follow his career in the laboratory—working amongst objects of recondite chemical research—or trace his influence upon the application of science to the practical matters of every day life, we must feel convinced that he has accomplished wonders. He may, occasionally, have made mistakes, but then, as he himself says—“show me a man that makes no mistakes and I will show you a man that does nothing.” One of his most important contributions to the practical application of science is the utilization of the meat of the vast herds that roam the pampas of South America. His first investigation in regard to this subject, printed in 1847, had the effect to direct scientific attention to this alimentary problem. But, though the promulgation of an idea may be easy, its realization as an element in civilization is more difficult, and nearly ten years had elapsed before Liebig's suggestions were adopted by medical practitioners. The extract of meat was at length, in 1856, incorporated into the Bavarian Pharmacopœia, whence dates its gradual introduction into all the German states. Bidder, in Germany, Lassaigne in France, and Dr. Thudicum, of London, were the next to take up the idea which had, as yet, made no popular progress, and to direct peculiar attention to its value. Dreamers dream and workers work; and, on the whole, the workers are quite as progressive in their way as the thinkers—the former being the hands of which the latter are the heads.

In 1862, Mr. G. C. Siebert, an engineer by profession, induced by the perusal of one of Mr. Liebig's papers on the subject, began a course of study under that eminent scientist, with the intention of founding a manufactory in South America. The experiment of manufacturing for the market was, as a consequence, attempted on a large scale in

Uruguay; and, in November, 1864, eighty pounds of the extract—fifty of beef and thirty of mutton—were submitted for analysis, and found to be of better quality than was expected, even by the most enthusiastic advocates of the idea.

The consent of Liebig, that the extract should have the benefit of his name, was given on three conditions: 1. That it should be free from fat and gelatine. 2. That samples of every shipment should be subjected to gratuitous examination by him or his agent. 3. That it should be sold at one half the price of its cost in Europe. So rapidly has the article increased in popularity abroad, that within the past two years there has been erected a manufactory having facilities for the preparation of 120,000 head of cattle per annum. The utensils for mincing—all the appliances, in fact—are managed by engines of large construction. The evaporation is effected in large vacuum pans, from which the air and vapor are removed by air-pumps. Dr. Seekamp, formerly one of Liebig's assistants, superintends at the mills—Dr. Max Von Pettenkofer conducting the test analysis at Antwerp. Pure muscular tissue, freed from fat and bones, constitutes the stock, the animals to supply it being reared on the pampas (now subdivided into *estanzas*) under the supervision of the superintendent. Animals under four years old are valueless for extract, rendering it vapid in taste and of unpleasant viscosity. Oxen from four to six years old make the best stock, though extract from the flesh of cows, is milder in flavor and of lighter color, and therefore, preferred by the extremely delicate. On the average, a fully developed animal yields ten pounds of the product, thirty-five pounds of muscular tissue being needed to produce a pound of the condensed article. Ideas evolve revolutions—a revolution without an idea being a drama without a motive; and this vast annual production of beef extract indicates that the great dietetical revolution, conceived by Liebig in 1847, has begun in earnest. \* \*

[The extract has been in use now for a considerable length of time and has given very general satisfaction. It is very largely used as a substitute for beef tea, and it answers the purpose admirably. The flavor is very nearly the same, and when well seasoned is quite as palatable. In some parts of the country during the summer months it is often very difficult to obtain fresh beef. In such instances the extract will be found a most valuable and suitable substitute.]—ED.

CONSERVATIVE SURGERY.

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Dr. Wayne Griswold, of Circleville, sends the following case to the *Western Journal of Medicine* :

*December 8th, 1868*—Was called to see Miss W. While holding a chicken for her brother to kill, a misdirected blow of his hatchet cut off the end of her thumb, taking the entire nail, about one-third of the first phalanx and the entire ball of the thumb. On asking for the piece of thumb, they informed me that it was rolled up in a cloth, out in a cold room, and that it had been one hour and three minutes (by the clock) since the accident. The mother was in great tribulation at the prospect of a deformed thumb for her young daughter, and the daughter was still more worried for fear she would not be able to play octaves on the piano. After washing the thumb in warm water till it bled freely, and warming the piece in the same manner, it was placed as near in position as possible, and secured by adhesive straps. Left orders to wet the thumb (in a warm, weak solution of carbolic acid in water) every few hours.

On the third day removed the dressing. The parts adhered, but the nail looked blue and the skin white and dead. Dressing continued.

On sixth day, removed the dead skin, and with it the phalangeal bone. The ball of the thumb looked like a piece of fresh beef covered with purulent matter. Found, by examining with a glass, a new nail growing. Continued the carbolic acid dressing.

The old nail came off in fifteen days, leaving the thumb perfectly natural, except a little flatness of ball from loss of blood. There is not a scar to mark the place where the thumb was injured. New skin formed from the stump up over the ball, smooth as it ever was. The mother was left to rejoice that her daughter had no thumb deformity, and was again able to play the piano as well as she did before the injury.

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SUITS AGAINST PHYSICIANS.—It seems as if there were an epidemic influence prevailing just now, by reason of which these suits are unusually frequent. So far, the profession has maintained its ground, as in the case lately decided in favor of Dr.



Sayre, in New York, and another in this city, in which the jury, without leaving the box, pronounced for Dr. Reese, the defendant. But last year a jury brought in a verdict so manifestly unjust, against Dr. Hall, that it was at once set aside by the judge (Stroud). These suits involve a great deal of annoyance and loss of time, not only to the gentlemen who are thus attacked, but to their friends who are called upon to testify. Nevertheless, it behooves us to resist such attempts at levying blackmail upon us (for trials of this kind are usually nothing more), and to aid one another cheerfully, since no one knows when his own turn may come. To buy off a prosecutor would be to inflict an injury upon the whole profession.—*Medical Times*.

[We are sorry to say that this epidemic has spread to Canada, as within the past year we have had several suits against physicians. The profession has not been so fortunate here, however, for in several instances they have been heavily mulcted by ignorant juries. This is an annoyance which will sooner or later cure itself, for the evil has assumed such a magnitude, that a reaction will most certainly take place, otherwise the profession will be brought into such a state that few will be found willing to enter it.]—ED.

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## CONSULTATION FEES—WHO SHALL PAY THEM?

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A surgeon in Ireland having been summoned by telegraph to a distant point for the purpose of consultation, regarded the physician in attendance, who had summoned him, as liable for the fee. But the medical association of Cork decided unanimously that consulting physicians must look to the patient for compensation. We believe there has never been any question among physicians in America, on this point. Patients, however, very often expect the consulting physician to be paid by the one in attendance. This is the case more especially when they themselves do not intend paying either. Note also that non-paying patients are most likely to require consultations, to change their physicians, to call them up in the night, to set them by the ears, and to compensate them by annoyance and abuse.—*Pacific Med. & Sur. Journal*.

M. TROUYE'S NEW POLYSCOPE.—This instrument, which serves for a laryngoscope, ophthalmoscope, otoscope, and urethro-scope, represents when closed a case seven inches long by one inch and a quarter in diameter. The two parts comprising it carry each a lens at their opposite extremities—the one two and a half inches, and the other three and a half. In the lids which close the case, two mirrors are placed, the one plane, the other concave, both being pierced in the centre. The case contains—  
1. Two larynx mirrors with handle. 2. Three ear-speculums. 3. A photophor or candlestick with three branches, terminating on the side of the light by a vent, which at the same time does for a reflector; the photopher can ascend to the height of fifteen and three-quarter inches.—*N. Y. Medical Journal.*

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EFFECT OF ELECTRICITY ON THE UTERINE CONTRACTIONS.—Dr. de Saint Germain has proved conclusively, from his recent experiences, that electricity does not provoke uterine contractions when they have not yet spontaneously appeared, but that it quickens them when the pains have begun, the placenta, as a general rule, being immediately expelled after the birth of the child. This rapid expulsion of the after-birth appears to constitute one of the most important applications of the electric current. Dr. Radford had already used this means to arrest hæmorrhages connected with delivery, likewise Dr. Barne's to counteract the effects of uterine inertia.

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The *British Medical Journal* expresses the hope that "it will not be long before every intelligent mother of a family is familiar with the use of the thermometer for the discovery of disease. In many respects, it is far more reliable than the tongue or the pulse. As a means of ascertaining when it is desirable to consult a doctor, and when advice may be deferred with safety, it would be invaluable. By its aid the difference between insignificant skin-rashes, which will disappear in a day or two, and those which imply a constitutional fever, may usually be satisfactorily determined. Under many circumstances, the early discovery that a child was sickening for scarlatina or measles might be of great importance. We hope that before long a few brief rules adapted for home employment will be prepared, and that, aided

by them, the mothers and nurses of our land will at once commence the acquisition of a kind of experience which will become every year of increased importance. In addition to its practical value in reference to the health of their households, we must also add that all who become familiar with the facts of human thermometry must learn some interesting lessons in physiology." *N. Y. Medical Journal.*

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Sir William Ferguson, Bart., has been elected to the presidency of the Royal College of Surgeons, London, thus breaking through the hitherto scrupulously observed practice of selecting no one but an Examiner of the college for this post. The precedent thus established is a good one, and meets with the general approval of the medical press.—*N. Y. Medical Journal.*

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In San Francisco recently occurred a case of sudden death, which, in a medico-legal point of view, was highly interesting. A boy ten years of age died suddenly, shortly after having been whipped by his father. The circumstances seemed sufficiently suspicious to warrant an examination by the coroner, and, accordingly, Dr. Bentley carefully examined the various organs, and finding nothing to account for death, removed the stomach in order to have its contents subjected to chemical analysis, and sewed up the body. The father had, in the mean time, been arrested, under the supposition that he had caused the death of the child. After completing the autopsy, from some singular afterthought, Dr. Bentley was induced to examine the larynx; he therefore reopened the body and removed that organ. Upon making section of the larynx, there was found a large bolus of beef quite filling its cavity, fully accounting for death, and completely exonerating the parent. It was learned subsequently, that the boy had eaten freely of beefsteak before going to bed. In the night he was roused from sleep by an attack of vomiting, during which a piece of the imperfectly-masticated beef caught in the larynx, and produced suffocation.—*Pacific Medical and Surgical Journal.*

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Another death from a similar cause occurred in the same city recently. The lad, however, was under the influence of

chloroform at the time for the purpose of amputation at the shoulder-joint. He had, contrary to the doctor's orders, partaken of a heavy meal a short time previous to the operation, and a portion of the food being ejected by vomiting, lodged in the larynx, and produced suffocation in spite of every effort to prevent it.—*New York Medical Journal.*

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Some medical students in Montreal have roused the ire of the *Star*, and that paper, recently, talks to these young men thus:—"If a signed apology is not sent in to this office by noon of Monday, for the insulting display of rowdiness by some seventy medical students, before our office last night, we shall publish and lay before the Dean of the Faculty of Medicine the names of six of the students who promenaded the streets three weeks since with a human leg, thrusting it into a passer's face; hand over to the municipal authorities of a certain rural parish the names of three other enterprising gentlemen who 'resurrected' a young woman before her time, and put Chief Penton and the landlord in possession of the address of a private dissecting-room in the city."

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During an examination, a medical student being asked the question, "When does mortification set in?" replied, "When you pop the question and are answered 'No.'"

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INJECTIONS OF WARM WATER INTO THE TUNICA VAGINALIS IN HYDROCELE.—The *Boston Medical and Surgical Journal* translates the following from the *Gazzetta Clinica di Palermo*, No 1, 1870; by Prof Albansee:—

In the cure of hydrocele surgeons have, after the evacuation of the fluid, employed various means for the production of adhesive inflammation. The injection of iodine has long been used with good effect; but while some have sought for means of more active irritation, others, as Dr. Albansee, have employed methods more simple in their action. Prof. Albansee has studied the action of injections of air in the tunica vaginalis. Having employed them in twelve cases, he has not found any marked advantage.

In another series of experiments he has used injections of

water at a temperature of  $40^{\circ}$  to  $45^{\circ}$  centigrade ( $107^{\circ}$  to  $113^{\circ}$  Fahr.). The phenomena which immediately follow the operation are a trifling of burning in the part, a moderate inflammation with a new effusion of fluid, and a rapid absorption. The injection of warm water has been used with success in a hydrocele which has resisted the employment of iodine. In only one patient has a suppurative inflammation occurred, and this was very probably caused by an infiltration of the water into the subcutaneous tissue of the scrotum.

**CASE I.**—Right hydrocele, of three years' duration, in a man of 40 years of age. Puncture and injection of water at  $45^{\circ}$  cent; retained for two minutes. There was a very limited suppuration of the subcutaneous tissue. Cured in twenty-three days.

**CASE II.**—Patient 23 years of age. Right hydrocele of two years' standing. There had been two punctures, in the first of which iodine had been used, and in the second insufflation of air. A puncture was made, and 300 grammes of water, at  $42^{\circ}$  cent., injected. The sac of the hydrocele contained 8 decilitres (10 ounces) of an albuminous fluid. Cured in eight days.

**CASE III.**—A man of 55 years of age. Left hydrocele of a year's duration. Cured in eight days.

**CASE IV.**—Right hydrocele and left hydro-sarco-cele of syphilitic origin. Cured equally rapid.

**CASE V.**—Patient 56 years of age. Right hydrocele of five years, having already been treated by injection of iodine. The patient went away after the operation, and the result is unknown.

In three other cases a cure resulted without accident.

Dr. Albansee is induced by these cases to look favourably on the injections of warm water. They have certainly the merit of being more easy of application than the injections of iodine, but it may be questioned if they are in all cases equally reliable.

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**REGENERATION OF NERVE TISSUE.**—Voit has recently proved the reproduction of the cerebral tissue in the pigeon, and the coincidence of this reproduction with almost complete renewal of the cephalic functions. MM. Masius and Van Laer, professors in the University of Liege, deduce from recent experiments—detailed at length in a late number of the "*Monthly Microscopical Journal*"—that the spinal cord in the frog can recover rapidly a loss of substance which has taken place in its own tissues, and repair its primitive anatomical and physiological properties.—*British Medical Journal*.

## TRINITY COLLEGE MEDICAL BOARD.

At a meeting of the Council of Trinity College, held on the 10th ult., it was agreed to appoint an Examining Board for the purpose of granting degrees in medicine at this college—said Board to consist of the following gentlemen:—E. M. Hodder, M.D., F.R.C.S., London; Norman Bethune, M.D., F.R.C.S., Edinburgh; James Bovell, M.B., L.R.C.P., England; Wm. Hallowell, M.D., M.R.C.S., Edinburgh; C. B. Hall, Esq., M.D.

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**C o r r e s p o n d e n c e .**

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*To the Editor of the Lancet.*

NOBLETON, 18th Nov., 1870.

SIR,—I would wish to bring before the members of the medical profession the necessity of a change in the law with regard to Crown prosecutions. As the law now stands a medical witness receives no pay either for travelling or other expenses, and is often called from a long distance and kept waiting from day to day on the "*slow process of the law*," and after remaining several days (as happened myself) told to go home; but must be in town at a certain time, when in all probability he is again kept in suspense for a day or two more.

Now, Sir, we country practitioners are not at all times so full of pocket as to be able, without borrowing (a very unpleasant business at best) to bear the expense, and have our time, which should be devoted to getting means for our family, wasted in attendance on the law courts without compensation.

Our brethren in the house will have, I hope, a bill for this purpose this session to remedy this evil, and should we not succeed in getting one passed, I for one will join a club to pay any brother who refuses to give evidence, until paid, no matter how long kept in confinement for contempt of court.

MEDICUS.

## TORONTO HOSPITAL REPORTS.

Typhoid fever has been very prevalent in Toronto for the past two months, and there are at present about twenty patients in the fever ward of the Toronto General Hospital. The proportion of deaths has been exceedingly small. The disease presents no peculiar features, except that in some cases the symptoms usually observed have not been all present; for instance, in many cases there has been no diarrhœa, but on the contrary obstinate constipation, and these cases have not been the mildest either, as some deaths have occurred amongst this class of patients. The treatment has been chiefly quinine, in grain doses every four hours, and the mineral acids; hydrate of chloral has been used in some cases to quiet the delirium and procure sleep, and it has succeeded on the whole pretty well. The diet has been of the most nutritious kind—milk, eggs and beef tea—with stimulants when necessary.

A man named James Sheriff was admitted to the Hospital, suffering from the effects of a narcotic poison. He was supposed to have taken about  $2\frac{1}{2}$  oz. of laudanum. He was brought to the Hospital by Dr. Lizars, and was placed under the care of Dr. Canniff, a member of the staff. The stomach pump was at once used, and the stomach thoroughly emptied. A good deal of the laudanum had been absorbed, however, before the stomach pump was used, and it was thought that the patient could not be brought through, but at last accounts he is recovering slowly.

RAILWAY ACCIDENT.—A man named Cuzens, aged 34, employed on the Grand Trunk Railway, was admitted to the surgical ward, suffering from a very severe injury, caused by being ran over by a locomotive. His left arm was nearly severed from his body at the shoulder, his face badly bruised, the scalp torn from his forehead, and a large fissure in the occipital bone. He was placed under the care of Dr. Canniff, who amputated his arm and dressed his wounds. Notwithstanding the serious nature of his injuries, which the majority of the surgeons present thought would prove fatal, he is doing very well.—*Com.*

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## Obituary.

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Died on the 22nd ult. Charles McKenzie Covernton, in the 21st year of his age, undergraduate of McGill and Harvard Universities, member of Boylston Society, Boston. The subject of this obituary was a young man of rare qualities and highly deserving of kind remembrance. He was gifted with more than ordinary intellectual and moral endowments, and with that simplicity of modesty which is the most lovely feature in youthful character. His heart was as warm and guileless as his head was clear and truth searching. He has been early called home from a field of labour in which he was destined to earn high honours, but none who knew him may repine, for he was not unprepared for the call. His latter end was in perfect accord with the whole tenor of his life, which was that of a humble and devout follower of the great Master.

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## BOOKS AND PAMPHLETS RECEIVED.

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THE SCIENTIFIC AMERICAN.—Published weekly by Munn & Co., New York. Price \$3 per annum.

THE CANADIAN ILLUSTRATED NEWS.—Published in Montreal, by G. E. Desbarats. Price \$4 per annum.

This is a new paper. The first number was published on Saturday, the 30th October, and will appear weekly. It is well got up, and reflects great credit upon the publishers.

THE PHOTOGRAPHIC REVIEW.—Published by Lippincott & Co., Philadelphia.

It is a bi-monthly journal, each containing four photographic plates, with appropriate notes and remarks. This is an entirely new feature in journalism, novel and interesting. The first number contains a photographic plate of a case of meningocele, keloid tumor, horny tumors on the face, and hydatid tumors. Price \$6 per annum. The first number was published in October.

PETER'S MUSICAL MONTHLY.—Published in New York: 559, Broadway.

It contains some excellent pieces of music. Price \$3 per annum.



A DESCRIPTIVE CATALOGUE OF THE NEW SYDENHAM SOCIETY'S  
ATLAS OF PORTRAITS OF DISEASES OF THE SKIN, FROM  
LINDSAY & BLACKISTON.

Any person wishing to join the Society can send his name to Mr. H. K. LEWIS, 136, Gower Street, London, England. The annual subscription is £1 1s. Each member receives three valuable works on medicine, and a fasciculus or part of the Atlas. The following works were received by members in 1869 :—*Trousseau's Clinical Medicine*, *Biennial Retrospect of Medicine and Surgery*, *Lancereaux on Syphilis*, and a fasciculus of the Atlas of Portraits of Skin Diseases.

THE RAPID WRITER.—Published Quarterly. Devoted to the introduction of phonetic shorthand. Address, Mendon, Mass.

\* BUMSTEAD ON VENEREAL DISEASES and HEATH'S PRACTICAL ANATOMY have also been received, and will be reviewed in our next number. Several communications that came to hand too late are also held over for the next issue.

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## BOOK NOTICES.

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A TREATISE ON THE THEORY AND PRACTICE OF OBSTETRICS.—By WM. H. BYFORD, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children in the Chicago Medical College. William Wood & Co., New York. Copp, Clark & Co. Toronto.

This is an octavo volume of about 460 pages, well got up, and illustrated with numerous wood cuts. It is clear and concise, and well adapted as a text book for students, or a work of reference for the busy practitioner. All points of controversy are excluded, and quotations from other authors avoided. Great care has been bestowed on its preparation, and the clearness and perspicuity of language render it a most readable book. It contains all the practical information necessary both for the student and general practitioner. The latest and most approved modes of treatment and management of obstetrical cases are presented to the reader in a plain practical way. No space is occupied in discussing exploded theories, or in dilating on new ones; but everything is made subservient to the one great aim—that of compressing a great deal of matter into a moderately small compass; and this has been very successfully done without any confusion or want of clearness. It is a most excellent work, and we have no hesitation in commending to our professional brethren.

LAY SERMONS. ADDRESSES AND REVIEWS.—By THOMAS HENRY HUXLEY. Toronto: Adam Stephenson & Co.

This publication contains a number of papers on different subjects which have appeared from time to time in different periodicals, and are now published in book form. It consists of lectures and reviews on different subjects: several on "Education," one on "A Piece of Chalk," "The Origin of Species," "The Physical Basis of Life," &c. The latter has been severely criticised on account of the peculiar views set forth in it. The subject of the lecture which is translated into the "Physical Basis of Life" was "Protoplasm," a kind of matter which is common to all living beings; and from reading his lecture it would appear that the writer was endeavoring to show that this matter was the basis of life,—LIFE ITSELF. It is, however, a very ably written lecture, and well worthy a careful perusal.

The lecture on a "Piece of Chalk" is most beautiful, plain, simple and truthful, within the comprehension of the working classes, to whom it was first delivered. It is clear in thought, suggestive, and most instructive throughout. The lecture on the "Origin of the Species" is also very cleverly written. He is bold and fearless in expressing his opinions, no matter how much they may be at variance with the opinions of his co-scientists. We commend this work to our readers with pleasure.

THE PHYSICIAN'S VISITING LIST FOR 1871.—Published by Lindsay & Blackiston, Philadelphia. Sold by all booksellers.

It is arranged for 50 patients per month, and contains an almanac, notes on poisons and their antidotes, Marshall Hall's method of resuscitation, &c., &c. It is in a very convenient size to carry in the pocket, and is altogether a valuable companion. Every medical practitioner should have one. The price has been very much reduced.

THE  
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*Selected Articles.*

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TREATMENT OF EPILEPSY.

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BY WALTER TYRRELL.

Since the publication of my last papers upon this subject, I am pleased to find that the use of strychnia in the treatment of Epilepsy has been taken up with success by many of the profession, both in this country and in the colonies.

In seeking to cure a disease like epilepsy we must look further than the mere stoppage of the attacks; we must produce some positive alteration in the nervous condition of our patient; we must detect and strengthen that weak spot in the nervous system that allows of the involuntary discharge of nervous power; for it is evidently thus that epilepsy arises. Irritation alone will not produce epilepsy. There must exist a predisposition, a hypersensitive condition of the nervous system, coupled with a want of power of control; for we see that similar causes of irritation may exist in a number of persons, but in only a very small percentage of these will epilepsy supervene, and in those few a deficient power of control of the nervous system is evidently existing. This is evidenced by the large number of adult

epileptics who in early life have suffered from infantile convulsions, a disease identical with epilepsy; the predisposition to this disease has always existed, and the system has readily yielded to exciting causes of irritation.

Although it is my desire to confine myself as far as possible to points connected with the treatment of the disease, yet I feel called upon to notice one or two facts which have recently come under my notice, which strike me as having a strong bearing upon the pathology of this, and, indeed, upon all forms of convulsive disease, more especially with regard to the seat in which convulsions would appear to arise. Believing with Van der Kolk that the medulla oblongata is the centre in which convulsion is organized, it is my habit invariably to examine carefully the upper part of the spinal column in all epileptics who come under my notice, and I have been much struck with the frequency with which pressure in this region will give rise to a species of epileptic aura, arising from or proceeding to some distant part of the body. Thus on making pressure between the occiput and the atlas there is frequently pain or a peculiar nervous tingling felt, sometimes at the pit of the stomach, sometimes down the arms, or it may be in the throat; and in some cases this aura may pass into a modified or even a complete epileptic seizure. In two cases in my practice this has actually happened. The first of these patients was a young lady, E. R., aged twenty. She had been epileptic for nearly five years. She was a strongly built girl, of sanguine temperament. An elder sister, suffering from melancholia, is in a lunatic asylum; the fits first appeared at the commencement of the menstrual period, and were attributed to fright. They came on every ten days or fortnight, but more frequently occurred at the catamenial epoch. They were very convulsive, but she did not bite her tongue. I very soon discovered the effect of pressure upon the upper part of the spinal column, and it was upon the second occasion of my seeing her that an actual convulsion occurred. She described the aura as arising in the throat, coupled with a sense of constriction; this was but momentary. The face became deeply suffused; no cry was given; but convulsions, commencing in the upper extremities soon became general. After this I frequently observed that similar effects could be produced by pressure in this spot, although I never carried it so far as to produce convul-

sion. The case (with this exception) presented no other special points of interest. It was much benefitted by the use of small doses of strychnia. The attacks now are of a very modified description, and occur at much less frequent intervals.

The second case was that of M. A. W., a young lady aged twenty-six, and the effects, in this case were very similar. She had been epileptic for nine years, the attacks originating, in all probability, in the stoppage of the menstrual flow from exposure to cold. They came on at irregular intervals, were very convulsive, and she bit her tongue badly. She was pallid, and of a highly sensitive, nervous disposition. In this case, as in the last, I found that pressure over the medulla oblongata produced the most distinct aura, the only difference being that the tingling sensation appeared to come from the pit of the stomach, and was accompanied by a slight feeling of sickness. In this case I obtained marked benefit from the use of sulphate of zinc, in combination with the sulphate of strychnia; as the attacks lessened greatly, the aura has become more and more indistinct. I merely mention these facts, as they appear to bear so strongly and to point so distinctly to the seat in which convulsions would appear to be organized.

To recur to the subject of treatment. I wish to point out in what mode of administration and in what doses the greatest advantage is to be derived from the administration of strychnia. On my first trials of this remedy, it appeared to me that large doses were necessary, and on reference to some<sup>3</sup> of my earlier papers on the subject, it will be seen that the doses given were often very large. Lately, however, I have found that the use of very much diminished doses, given very frequently, not only produce results quite as favorable, but the good effects more quickly, and there is less chance of attacks arising from accidental irritations in the early stages of treatment.

Dr. Brown Sequard and others have called attention to the good effects to be obtained by the exhibition of the sulphate of quinine in cases where the convulsive attacks are marked by a regular periodicity. All that can be said of quinine may be said with still greater truth of strychnia. In those cases where disorder has originated in deranged menstrual functions, and where the attacks come on with great regularity at the catamenial period, I always look to strychnia with the greatest confidence.

In my next paper I purpose to define more fully what classes of cases will be found most amenable to this plan of treatment, and I shall illustrate my remarks with cases which have recently come under my notice.—*London Med. Times and Gazette.*

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## SKIN GRAFTING.

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UNIVERSITY OF MARYLAND HOSPITAL.

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Michael Graham, aged 26, an Irishman, smelter by trade, was admitted into the hospital March 10th, 1869, having been severely burned on the previous day. Whilst at work in a foundry, in the act of carrying molten iron from the smelting furnace, an accident befel the ladle filled with the fluid metal, by which a quantity of this intensely heated liquid was poured into the boot-top on his left leg, severely burning it from the knee to the ankle. Under the usual hospital treatment of carbolized kerosene oil locally, and the internal administration of opiates, the sloughs cleaned off, leaving the left leg a red granulating surface from just below the knee to the ankle.

As he was the picture of health, a young, strong and vigorous patient, the healing process set in with much activity, and a circle of new skin made its appearance from both the upper and lower edges of the ulcer, and encroached with considerable rapidity upon the raw surface. When this cicatrizing process lost its activity, the further healing was coaxed on by varied stimulating agents, but it finally came to a stand, and after remaining seven months in the hospital he went away, still having a large ulcerated surface upon his leg. At the outer side of the limb the new skin from the upper and lower edges had met, growing into each other. The inner side of the limb was still an open sore. The patient was kept under observation as an out-patient, but the healing process was exceedingly slow.

In July, Professor Chisolm determined to repeat some experiments successfully put into operation by Mr. Pollock, of St. George Hospital, London—experiments suggested and first tried by M. Reverdin, of the Paris Hospital. On July 25th, 1870, in the open sore of this patient was engrafted a very small

piece of skin, taken from his chest. The chronic ulcer, still occupying a large area on the inner side of the leg, was about five inches in length by one and a-half to three inches in width. The surface of the sore was bright red, secreting pus, with the edges consisting of a thin pink pellicle of skin of apparently low vitality. The patient reported no appreciable progress in healing for many weeks. The ulcer had now existed seventeen months.

Professor Chisolm explained the nature of the superficial portions of the skin; how beneath the epidermis were formed nucleated living cells, which were constantly reproducing their kind—these in turn gradually pushed to the surface as desiccating scales to form the constantly exfoliating epidermis or scarf-skin. He stated that it was not his object to take the outer layer of epithelium, which consisted of what Lionel Beale, of London, called formed or dead matter, cells without nuclei, which had played their part in the living economy, and, possessing no more germinal matter, were incapable of further growth or reproduction. From these dead cells nothing could be expected. The living portion of the small skin graft was the under layer of epithelium, known by anatomists as the Malpighian layer or the Rete Mucosum. In this layer presided the formative power for rapid proliferation, and this was the essential portion to be engrafted. The superficial epidermis was only taken along with it for convenience, as it would be quite troublesome to isolate the living from the dead cells.

The mode of performing the operation was as follows:—A very small fold of skin upon the chest was seized by a fine-toothed forceps, and cut off with a scissors. When removed it was about the size of a-half of a grain of rice. In order to be certain in securing living cells capable of reproduction, the snipping by the scissors was deep enough to draw a drop or so of blood from the small wound. With a sharp-pointed knife an oblique opening was made in the centre of the raw surface of the ulcer, sufficiently deep to enclose the graft. When the blood ceased to ooze from this small incision the graft of skin was thrust well into it, and then a strap of diachylon plaister was applied to retain it in place and protect the planted spot from injury. This dressing was not removed for two weeks. When taken off a small white speck marked the place of graft-

ing. This point rapidly increased in size, and produced a growing island of healthy skin in the midst of raw tissues. Now (fifty-eight days after the transplanting) the new skin has extended to the border of the ulcer, cutting the raw surface into two portions. For the space of an inch square a dry, white cuticle is seen, surrounded by a bluish film, which marks the most recently formed skin. This bluish pellicle has become intimately fused with the old edges of the ulcer.

In this very successful skin grafting process, Prof. Chisolm finds an easy means of rapidly healing chronic ulcers, especially those occurring from accidents, burns, &c., in young and vigorous patients. It is only necessary to multiply the number of grafts of healthy skin, and the raw surface, however large, will soon be covered with a natural integumentary tissue.

I have seen under the care of this surgeon several cases of successful skin grafting—all of them doing well and promising the best results. I have reported the most advanced, the largest and most rapid growth of those cases experimented upon, believing that this new step in conservative surgery cannot but interest all who practise this branch of medicine.—*Baltimore Med. Journal.*

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DEATH FROM BICHLORIDE OF METHYLENE.—THE *British Medical Journal* of May 7th reports a case which occurred at Guy's Hospital, after iridectomy had been performed on both eyes. One measured drachm of the anæsthetic was used. While it was administered for the first operation, the patient struggled violently and turned blue. The methylene was withdrawn before the operation was finished, and he became quiet. During the administration for the second operation, his behavior was normal, and complete abolishment of pain was not produced. About three minutes after the operation was finished, his breathing began to grow feeble and the radial pulse failed. Galvanism for ten minutes and artificial respiration for an hour failed to restore the vital functions.

Post-mortem examination failed to throw any light on the cause and mode of death.



## FIBROUS POLYPUS OF THE UTERUS.

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BY DR. TANNAHILL, PHYSICIAN-ACCOCUCHEUR TO THE GLASGOW  
MATERNITY HOSPITAL.

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C. P., aged 23, married, was admitted to the Glasgow Maternity Hospital in August, 1870, complaining of strong bearing-down pains, attended by a profuse discharge of blood from the vagina. She was rather a spare woman, but not particularly emaciated or anæmic. She stated that she had been married for thirteen years, but never had any children or miscarriages. Before marriage she was quite well, and for six years afterwards; the menstrual periods not being attended with anything unusual. About five years ago she noticed her health beginning to fail, but could not assign this to any cause in particular. Shortly after she felt a severe pain in the hypogastric region, which she describes as a "cramp," and ever since she has suffered very much at the monthly periods, there being great pain at those times at a spot just above the pubis, as well as a profuse hæmorrhage, continuing often for about a fortnight. The pain always ceased immediately on the cessation of the discharge. Of late these attacks have been much worse. Throughout all this time the menstrual periods have been regular, and when she applied to a practitioner in town a fortnight ago for advice, it was merely on account of the pain which attended them;—for this she got some anodyne medicine.

On admission, about 10 o'clock p.m., she complained, as above stated, of pains very much resembling those of the second stage of labour, and they had, like the discharge, been gradually getting worse for a week.

On examination, per vaginam, I found a large tumour, so low as to be quite apparent to the eye when the labia were held aside. It had a liver-red colour, and its apex was cleft, giving it very much the feel as well as the shape of the prolapsed uterus. Forty minims of solution of hydrochlorate of morphia were administered to ease the pain, and as this did not seem to have any effect, in an hour and a half 25 grains of hydrate of chloral was given; this last caused the patient to fall gradually into a sound sleep. I did not think the hæmorrhage was sufficiently great to demand any very active treatment that night. On the

following morning Dr. Tannahill saw the patient, and on careful examination found that the tumour had its attachment at a point in the cavity of the uterus, an inch within the os on its anterior wall. The patient being put under the influence of chloroform, he proceeded to twist the tumour from its pedicle, which was accomplished with great difficulty, owing to the fact of its completely filling up the cavity of the vagina, so that the hand could not be used with any freedom. After the tumour was removed, no hæmorrhage ensued. Patient got 25 grs. chloral, and on the following morning was found to be much better, the pains being quite gone. She had slept well, and the pulse was good. From this day patient continued to improve rapidly, and on dismissal, six days afterwards, was quite recovered.—*Glasgow New Journal*.

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#### CASE OF EXTRAVASATION OF URINE: RECOVERY.

UNDER THE CARE OF AND REPORTED BY HECTOR C. CAMERON, M.D.

Andrew Crawford, aged 40, was admitted into a surgical ward of the Glasgow Royal Infirmary (of which I was in temporary charge), on 4th Oct., 1869, said to be suffering from erysipelas of the scrotum, which was very red and swollen, while some parts were already black. The house-surgeon in charge ordered poultices to be applied to the scrotum, and brandy and water to be occasionally administered. During the evening he made a certain quantity of water in a distinct stream, and without very great pain or difficulty. I saw him for the first time at the visit the next morning, and found the following state of affairs:—On the bed-clothes being removed, a strong urinous odour was perceptible. The scrotum was immensely distended: the greater part being black and evidently dead, the rest varying in tint from an inflammatory redness to a livid purple. The penis was much swollen, the skin of one side of it being dead from immediately below the glans to its connection with the trunk. The perineum was likewise greatly distended, and the left inguinal region presented a red, angry, and very painful swelling, which extended for some way upwards upon the abdomen. His countenance was pale and anxious, with drops of sweat on the brow, the breathing rapid, the pulse 150

and irregular: yet he was quite intelligent, and suffering no pain. The history he gave was that for seven months he had been troubled with difficulty in passing water. This had of late so greatly increased, *no instruments having ever been used*, that for some days previous to admission he had made water only in drops, the total quantity so evacuated being very small. On the evening of the 1st October, the scrotum began to swell and become painful, and this had increased until it presented, on the morning of the 5th, the appearances described.

The patient being under chloroform, I made three very free incisions into the scrotum, one in the middle line of the perineum, and one above the pubes, giving exit to abundant quantities of urine, some pus, and an amount of shreddy sloughs. I then passed a No. 3 bougie without any difficulty through the stricture, which was situated at about four inches from the orifice of the urethra; and found that the canal immediately beyond it was so freely ulcerated through, that the instrument left the natural passage there and could be readily made to appear through one of my incisions into the scrotum.

It is unnecessary to give the whole progress of the case. He was allowed for some time large quantities of stimulants. Charcoal poultices were applied to the parts until all the sloughs had come away, and these were daily aided in their separation by the use of the scissors. Before long all had separated, and the parts presented very much the appearance of a prepared dissection, the testicles, each contained in its tunica vaginalis, being completely exposed to view. He made an excellent recovery, cicatrization having occurred over the whole granulating surface. His stricture, which did not prove difficult of dilation, admitted, when I last saw him, a No. 12 bougie, and he made water, as a general rule, with comfort, a fistula which remained and threatened to be troublesome having healed.

This case seems to me interesting chiefly in the following respects:—

I. It is a case of extravasation from ulceration behind the stricture. It began on the 1st October; and although the patient was in very destitute circumstances, and had received no medical advice, so gradual was its progress that it did not drive him into hospital before the 4th. This shows pretty clearly that the case was not one of sudden rupture of the ure-

thral walls from violent straining; while the fact that no instrument had ever been passed into the urethra excludes the idea of laceration from such a cause.

II. It is noteworthy that the stricture was relieved by the occurrence of extravasation. On the night of his admission, he made water in a stream for the first time for many days, and the following morning No 3 was passed without being grasped to any great degree. The same thing is said to hold good after puncture of the bladder.\* Some time after puncturation, a No. 2 or No. 3 catheter may be successfully introduced, it is said, through a stricture which had previously defied its entrance, so much do the distended bladder and the stricture act and react on one another.

III. The treatment by free incisions produced its usual rapidly beneficial effects. He was decidedly better in the course of a few hours.

IV. Perhaps not the least interesting feature in the case is the wonderful power of repair shown by nature even after such a disastrous occurrence as the loss of nearly the whole scrotum, and the skin of one side of the penis. The loss of his scrotum is marvellously compensated for by the hardy character which the cicatricial tissue has assumed, so that, although his testicles in semblance are more canine than human, their altered condition seems to entail upon him no sense of discomfort or tenderness.—*Glasgow New Journal.*

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PUNCTURE OF THE ABDOMEN FOR TYMPANITIS.—The *Dublin Quarterly Journal of Medical Science* for May mentions three cases, in which marked relief was afforded by this operation. Two of these were reported in the *Deutsches Archiv für Klinische Medizin*, by Dr. Stein. In one the distention was caused by the pressure of an ovarian tumor on the intestine. The puncture was made in the cæcal region, and was repeated daily more than fifty times, at the request of the patient. At the *post mortem* scarcely a trace of the punctures could be observed. The second case was that of a man 61 years old. Eight punctures were made in fourteen days, with great relief and no unpleasant results. [This is a mode of treatment which has occurred to us

as one that would sooner or later be put into operation, and one that could not be attended with any very serious results: Dr. T. Clifford Allbut reported in the *Practitioner* for February, 1869, the case of a man with double pneumonia, on whom this operation was performed successfully for the relief of the most distressing tympanitis. The punctures—two in number—were made over the transverse and descending colon. The patient however died of pneumonia, after obtaining relief to the tympanitis. After death no traces of the punctures could be found, except on the surface of the body. The instrument used was an exploring trocar (No. 1 Weiss).

[The History of the above cases seems to fortify us in regard to our opinions on this subject. We would like the opportunity of seeing this treatment more fully tested, however, before adopting it in our own practice." ]

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## CASE OF PROTRACTED RECOVERY

FROM EXTENSIVE COMPOUND COMMINUTED FRACTURE OF LEG.

BY DR. ELLIOTT RICHARDSON,

Late Senior Resident Physician of the Pennsylvania Hospital.

The uncertainties of prognosis are frequently illustrated by fatal results from apparently trivial causes, while on the other hand, it is sometimes our fortune to witness wonderful recoveries from injuries which would generally be considered almost necessarily fatal, either to life or to the usefulness of the member affected.

The following case possesses some interest, not only on account of the ultimately favorable result, but also on account of the protracted recovery.

A railroad employé, 31 years of age, of good height and physical development, in good health, but not free from the use of alcoholic drinks in excess at times, was admitted to the Pennsylvania Hospital, under the care of Dr. W. Hunt, October 29, 1869, suffering from injuries received by being run over on the railroad.

On examination the right thigh was found to be much swollen and discolored, giving evidence of very serious and extensive contusion of the part. The knee-joint was unharmed, but below the knee the limb was extensively injured. On the inner and upper side, about

three inches below the joint, was a lacerated surface about three inches in length, communicating by a rather narrower opening with the seat of a comminuted fracture of the tibia. At a distance equal to about one-third the circumference of the leg on the upper and outer side was a wound about an inch in length, which was found to communicate with a fracture of the fibula.

The fracture of the tibia was freely examined at the time, and found to include, as nearly as could be ascertained, the entire shaft of the bone for a distance of two and a half inches to three inches, the fragments consisting of a large one and a number of smaller ones. The fracture of the fibula was not comminuted.

The patient was profoundly depressed at the time of admission, but, gradually recovering, efforts were made to save the limb. He remained in the hospital until April 6, 1870, during which time several fragments of bone were removed through the sinuses, four in number, communicating with the fracture. At the time of his discharge the fibula had united, but the tibia showed no evidence of attempt at union, and the patient, refusing to submit to an operation for the removal of a large fragment of necrosed bone, went to his home.

On the 22d of June I saw and examined the leg. No union had as yet occurred between the two fragments of the tibia. The sinuses still continued to discharge minute spiculæ of bone. On introducing a probe, it was freely passed over a denuded surface of bone for a distance of at least two inches.

When I next saw the patient, October 6, 1870, I found both bones of the leg firmly united. A large amount of necrosed bone could still be detected; but he had so far recovered the use of his limb as to be able to walk with the aid of a cane. There was shortening produced by a marked curvature towards the tibial side, but the muscular developement and usefulness of the limb seemed to be good.

It will be seen, from the above, that nearly a year elapsed before union between the fragments of the tibia occurred, and that it occurred at last between fragments of bone separated two or three inches from each other—*Medical Times*.

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SUBSTITUTE FOR QUININE.—It is stated, in the *Lancet*, that M. Pavia, an Italian professor of chemistry, has produced an alkaloid from the leaves and roots of boxwood, which he calls

bussine. In the experience of several Italian physicians, this substance has been found to possess virtues nearly equal to those of quinine in the treatment of miasmatic fevers. In several cases gastric uneasiness, pyrosis, thirst, nausea, giddiness and tinnitus aurium were attributed to the use of the remedy.—*New Orleans Journal of Medicine.*

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## ON THE COMPRESSION OF THE VAGUS NERVE, CONSIDERED AS A MEANS OF PRODUCING ASTHENIA OR ANÆSTHESIA IN SURGICAL OPERATIONS.

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BY AUGUSTUS WALLER, M.D., F.R.S., GENEVA.

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In my first experiments, more than twenty years ago, when I was studying the subject of compression with reference to hysteria and epilepsy, two cases occurred where compression of the vagus was followed by all the symptoms described by Aristotle.

In each case the patient after moderate pressure fell down as if struck by lightning on the floor before me, like a lifeless corpse, with all the voluntary muscles completely relaxed. Scarcely had I time to become alarmed when sensation and voluntary power returned, although for some time afterwards there remained considerable weakness and debility, though not sufficient to prevent the patient from walking away unassisted.

I must, however, freely own that in most of my observations my object has not been to produce these symptoms, and that I have avoided them as being in general foreign to the object which I had in view. I will therefore reserve for another occasion a statistical account of the effect produced on a given number of selected or unselected cases. Meanwhile I will mention the results I have obtained by means of this method as applied to surgery; but in so doing, I must premise that, practically speaking, it is desirable to class the symptoms under two heads, viz., the asthenic and the anæsthetic.

The asthenic symptoms, which at their culmination constitute loss of all voluntary power, present various intermediate degrees of intensity of muscular debility. A certain amount of debility is almost invariably the result of vagal pressure, resulting entirely or mostly

from incident influence on the medulla oblongata, and evidenced especially by failure of the cardiac force, and loss or decrease of pulsation in the carotids.

In cases of dislocated bones of difficult reduction vagal pressure presents several advantages possessed by no other means with which I am acquainted, as it is unattended with any kind of danger, and is always at hand in any emergency, however sudden. As an illustration of this I may state the following case of very recent occurrence:—

M. C——, a journeyman baker, a powerful and athletic man. In consequence of a fall down-stairs the head of the humerus was dislocated beneath the clavicle. Dr. G. Julliard, whose patient he was, made an ineffectual attempt in the morning to reduce alone the fracture by placing his heel in the axilla. Some hours later Dr. J. L. Prevost and myself accompanied Dr. Julliard to give our assistance.

While the man was lying on the bed some unavailing attempts at reduction were made, when Dr. Julliard sent for chloroform. In the meantime I proposed to make another attempt with the assistance of compression of the vagus. After removing the pillows at the head, and arranging the patient more comfortably than before, I took my station at the head of the bed to apply compression on both sides, while Dr. Julliard grasped the limb, and Dr. Prevost performed counter-extension. At the end of two or three minutes, as near as I could judge, just as I felt the two carotids no longer beating beneath my fingers, a sudden click indicated the return of the bone into its socket.

In this instance, although the chloroform had only to be procured from a chemist's in the same house, the patient was bandaged and arranged comfortably before the messenger returned with the chloroform.

This case, however, offers but a faint instance of the advantage attendant upon a means of asthenia always ready at hand in the various emergencies of country practice.

The advantages of vagal compression as compared to chloroform are great from the relative innocuousness of the former agent. The administration of chloroform in the most skilful hands, and while surrounded with all the appliances of hospital practice, is still undeniably attended with a certain amount of danger, which is greatly increased when there is no medical man present to watch its effects. So much is this the case that, as Dr. Prevost pointed out to me, there were three fatal cases from chloroform within a few days' interval in the



different hospitals of Paris, where it was administered for the purpose of reducing discoloration of the head of the humerus.

On the other hand, compression of the vagus is perfectly free from any danger whatever to life. I have used it in the most varied circumstances, and have never yet witnessed any instance whatever to inspire me with anxiety or doubt as to any fatal consequence.

To the ordinary observer the effects of vagal pressure appear to be attended with considerable danger, which is, however, more apparent than real. In the case of an individual falling to the ground as if struck by lightning with all the symptoms of insensibility so graphically described by Aristotle, the heart is always found to be pulsating, and the respiration in play; moreover the physiologist knows of no means of permanently affecting the muscular irritability of the heart by any agents, either mechanical or electrical, applied to the trunk of the vagus. Indeed the two vagi may be divided, as is well known, without arresting the action of the respiratory or the circulatory organs.

It is quite different with the ordinary anaesthetics, particularly chloroform, whose influence continues to accumulate in the various muscular organs, especially the heart, gradually destroying their irritability so insidiously that death may be imminent without our being aware of it. The only way to ascertain this death of the heart in the case of an animal is to expose and subject it to galvanism, when we observe that the toxic influence of the chloroform has destroyed its power of reacting under the influence of electricity and other agents.

We cannot shut our eyes to the fact that the danger attending the administration of chloroform is still considerable in the laboratory of the physiologist, even in the comparatively healthy subjects with which he has to deal, and until this danger can be obviated it is almost hopeless to expect perfect immunity in the operating room.

Guided by the ideas I have above enounced, regarding the nature of the cases where vagal pressure is most applicable, I have lately tried it in a case of tooth extraction. A molar tooth was extracted from an out-patient of the Hôpital Cantonal by one of the house-surgeons. While the patient was seated I was prepared at the back of the chair to apply pressure on both vagi. As soon as the key was gently applied round the tooth I began the pressure, and gave a sign for the operator to commence. The result was perfectly satisfactory. According to the statement of the patient she had suffered no pain, and was most enthusiastic in her thanks to me. At the moment of extraction the

patient cried out, which, however, occurs in many instances with chloroform, where, as in this case, the patients afterwards declare they have not felt any pain.

To resume the foregoing observations, we may say in the first place, that vagal compression generally produces a state of asthenia very suitable for the reduction of dislocations, &c., and that its application in such cases presents several advantages over chloroform, and is attended by none of its dangers. Its use may be considered as indicated in all cases of difficult reduction previous to the employment of any of the ordinary anæsthetics.

Secondly, in the case of tooth extraction, its employment produced, according to the patient, insensibility to pain, and it may probably be employed with advantage in many cases of the sort, and also in minor operations, such as for phimosis, &c.—*Practitioner, Dec. 1870.*

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## THE WONDERFUL TWINS—TWO HEADS ON ONE BODY.

BY R. Z. SEEDS, M.D., HILLIARD, OHIO.

Seven miles east of Ashley, Morrow county, Ohio, lives a Mr. Joseph Finley, the father of the most wonderful living children known in the annals of history. The Siamese twins compared with these sink into insignificance. If there has ever been, either still-born or living, such a monster or monsters (I hardly know whether two or one), I have never heard of it. Mrs. Finley was delivered of these children the 13th day of October, 1870. The actual period of labor lasting only twenty-five minutes; or at least they were born in twenty-five minutes after she awoke. A midwife performed the duties of the accoucheur, labor being so precipitate as not to permit the calling of a physician. She stated to me that labor was much more painful than with any of her three former children.

Mrs. Finley met with no injury during pregnancy of any moment that could have anything to do with this strange malformation, with the exception that, about the middle of the third month of utero-gestation, while going into the house, she fell on the steps at the door. She states that from this time until she was delivered, "she never felt right." There was but one pla-

centa, which was expelled in about twenty minutes with but little hæmorrhage.

These children measure from occiput to occiput twenty and a-half inches, the heads being directly on each end of the body. To a casual observer there is no difference in the two extremities, the two faces looking very much alike, but by actual measurement the circumference of one head is about three-quarters of an inch greater than the other. Some physicians who have examined it express an opinion that the vertebral column is continuous, or that there is but one. But when I tried to trace it through with the finger, I was unable to do so, but lost it about the middle. I could detect but one umbilicus. There is but one anus, the recti, I think, uniting somewhere near the orifice; and a singular fact is that when one evacuates the bowels, in the course of a minute or two the other always does the same. There is but one vaginal opening, and the same is true with regard to urination as in defecation. From the umbilicus either way the children are well developed—thorax, arms, hands and head. Two legs protrude from either side, right and left. From the one they are nearly normal, seven and a-half inches in length, of normal thickness, &c. From the other side two, but both enclosed in one integument, only four inches long, with ten toes.

The action of the children, I think, is entirely independent of each other. When we entered the room one was asleep while the other was nursing. One will sleep while the other is crying. The mother also nurses both at the same time. The children take nourishment eagerly and grow very fast, and I think their prospects for long life are as good as any children I ever saw. They are named Minnie and Ninnie.

This is an object of great interest to the profession, and well worth visiting. I will not attempt to comment on it, but would be pleased to hear from those who are able to explain the mechanism of so wonderful a freak of nature.—*Medical Repertory.*

## EXCISION OF THE ENTIRE SCAPULA.

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BY M. SCHUPPERT, M.D., OF NEW ORLEANS.

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The patient, a female, aged 36, suffered from a large tumor, comprising the right scapula, for which she had already undergone three operations. The first time she was operated upon in 1859, by Dr. Beck, a military surgeon in Freiburg; the second and third time in 1866 and 1867, by Drs. Miller and Gauss, in Baden-Baden, but by these operations the scapula had remained intact.

The skin covering the tumor was rich in cicatrices, the marks of former operations. These cicatrices presented a bluish color and a smooth surface; were much thinner than the surrounding skin, and, like the rest of the integuments, moveable over the tumor. The tumor, from its posterior margin to the acromion process, measured 0.18 metre, the largest in a vertical line being 0.21 metre. Active motions of the humerus were nearly arrested, the passive motions very much limited. The extremity could not be further removed from the body than to an angle of 45°. The extensive pain patient suffered in the arm brought her to me in search of relief. Having given her consent to a proposed removal of the entire bone, the operation was accordingly performed on the 30th of March, 1868, in presence of Drs. Barnes, Gray, Geutebruck, Riley, Schwarzwaelder, and some other medical gentlemen. Patient being in a deep chloroform narcosis, a crucial incision was made through the skin—one cut, beginning at the acromion process and carried over the most protuberant part of the tumor, ended near the spinal column; a second incision, over the middle of the tumor, bisected the first. The four skin flaps were dissected off and held back by sharp hooks. The acromion process was divided with a small saw, laying bare at the same time the scapulo-humeral articulation. The head of the humerus was then, by rotating the arm, dislocated inwards, to get at and remove the coracoid process. Lifting up the scapula by its glenoidal cavity, which was found to be involved in the disease, the whole of the scapula was detached from the body by keeping the knife close to the under-surface of the tumor. The removal of the tumor left the ribs visible through the cellular tissue, which was all that remained of the sub-scapularis muscle, lost in the diseased mass.

The bleeding was inconsiderable, the main vessels having probably become obliterated by the former operations; with the exception of a few muscular branches, no arteries had to be ligated. The skin flaps were adjusted and united by uninterrupted pin sutures, leaving an opening at the most dependent part to permit the draining of the secretion. Acet. of morphia, 0.03 gramme, was sub-cutaneously injected. After patient had perfectly recovered from the anæsthetic condition, she was unconscious that the operation had been performed. The arm was bandaged and kept close to the body, supported by a sling.

Patient suffered much nausea subsequently and vomited during several days from the effects of chloroform. No unfavorable symptoms happened to require medication. A nourishing diet was ordered from the first day and continued during the convalescent state.

The sutures were removed on the third day. Most of the incisions had healed by first intention. Suppuration was considerable, and notwithstanding the well draining of the wound two abscesses formed in the arm, discharging a great quantity of pus. The wound was syringed out daily with glycerine containing ten per cent. carbolic acid. On the 10th of June, the last secreting opening had closed.

At the present date, eighteen months after the operation, there is no indication of re-appearance of the disease in any part of the body. The skin, of which no part had been removed, though after the excision of the tumor it formed a large sac, has so contracted that a part of the cicatrix forms now a portion of the covering of the humerus. The patient, who enjoys excellent health, has thrown away the sling long ago; the arm has no artificial support, and is a more useful instrument than before the operation. Though its motions are limited, there is sufficient strength in the extremity to lift a weight of thirty pounds and throw it a fair distance.

The tumor weighed nearly six pounds, and measured respectively 0.35 and 0.40 metre in circumference. From the original scapula but one-third of the spina, a small portion of the coracoid process and the centre of the glenoidal cavity remained intact; all the rest was involved in the growth. The tumor consisted of hyaline and fibro-cartilage, with deposits of carbonate of lime in the interspaces of the cartilaginous tissue.

Towards the centre true ossification had taken place. We have to consider it, therefore, to be an osteochondroma.

Those interested in the history of this operation I refer to a valuable contribution of Dr. Stephen Rogers, of New York, in the *American Journal of the Medical Sciences*, October, 1868.

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## A BLIND DIAGNOSIS.

BY F. O. TICKNOR, M. D.

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The following *case*, curious in itself, will serve to illustrate the value of a little care in diagnosis, and add, perhaps, an instructive paragraph to the great *inedited* volume of medical blunders.

Nettie B——, brought from a distance, was submitted to my care, as a sufferer who had exhausted the resources of the medical science, and was seeking only relief from pain for her few remaining days.

The case came labeled by my brethren of the faculty as one of "*Blind Piles*."

I found the patient a mere anatomy, in a necklace of *buck-eyes*, and surrounded by representatives from every other known and unknown pile remedy.

"How old?"

"Forty!"—apparently sixty.

"Your trouble?"

"Constant tenesmus; something in my bowel that I cannot pass off!" Add, hectic fever, &c.

"Has your bowel been examined?"

"Never. The doctors all said 'blind piles,' but nothing has ever done me any good."

"Any children?"

"That is my youngest." (A lusty screamer of six months.)

Examination of the rectum revealed nothing beyond so much irritation as might arise from such topical applications as *sulp. cupri.*, which she had been instructed to use assiduously by enemata.

But outside of the rectum, and anterior to it, the finger

could trace the outline of a huge tumor, smooth, fluctuating, and of a general character, which at once invited attention to the uterus.

Per vaginam, the same tumor was evident, and was soon discovered to be the uterus itself, loaded with a *fœtus* and its accompaniments.

Gentle friction over the pubes (*a la* Dewees) immediately threw the organ into action. The membranes protruded, were ruptured; a hand followed; was replaced; the feet brought down, and the woman delivered of a four months' *fœtus*. Decay had advanced until, in spite of care, the head parted from the body while clearing the arch of the pubes. This was soon recovered, and the secundines removed.

The woman went to sleep, and has progressed to complete recovery without a bad symptom.

Was the child a "twin," dying at the period of quickening, and retained through the labor which gave birth to the other child, and for six months thereafter—occupying the womb for fifteen months in all?

Or, did she conceive in a month or two after her confinement?

However this may be, as the rectum and anus were in a state of sanity which half Christendom might covet, we are clearly justified, I think, in transferring the epithet "*blind*" from the piles to the diagnosis.—*Nashville Med. Journal*.

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## DR. HUGHES BENNETT ON ANÆSTHESIA.

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Dr. Hughes Bennett, at the meeting of the British Medical Association, stated that "he had always considered that anæsthesia was due to the pressure on the brain, caused by an alteration in the circulation—for instance, congestion of the capillaries. No doubt it was by the same kind of mechanism that sleep was produced. The regular or irregular action producing sleep was a kind of congestion in the brain. Dr. Richardson gave the preference to bichloride of methylene, of which there was not yet much general experience. It was asserted by the American surgeons that there never had been a death caused by sulphuric ether; but how far that was correct he did not know. Dr.

Richardson had stated the proportion of deaths from chloroform to be 1 in 2,500. But there were many deaths from chloroform that were never published. As was well stated in the paper, death from chloroform was one of the most dreadful things that could occur. He (Dr. Bennett) knew of one very sad case that happened in Edinburgh. A young and beautiful lady, daughter of a barrister, in perfect health, went to a dentist's house one morning, and had a tooth extracted. Five minutes afterwards she was dead. This was only one of many similar cases that had occurred, but had never been published. If a safe—positively safe—anæsthetic were to be discovered, which, though perhaps not so agreeable, would have the great advantage of safety, he thought that a very great blessing would have been obtained. The question was, Did sulphuric ether or bichloride of methylene give that safety?—*British Med. Journal.*

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## NOVEL MODE OF CONTROLLING HÆMORRHAGE.

BY J. H. HOBART BURGE, M.D.

Surgeon to Long Island College Hospital, President King's County Medical Society, etc., etc.

June 16, 1870, Mrs. D. summoned me in haste, the messenger announcing the fact that she had lost a quart of blood. I found her sitting up and quite comfortable. She said she ought to have three weeks yet before confinement, but, though she had had no pain whatever, she felt that labor would not be deferred many hours. She had lost more than a pint of blood on two previous occasions during this gestation, and the present hæmorrhage was much larger. I told her she must lie down immediately, and not rise again until she was delivered. I found, as I expected, a margin of the placenta presenting. The liquor amnii had so completely drained off that the outlines of the child were easily recognizable through the abdominal walls. The examination excited some pain, and immediately hæmorrhage recurred. I observed that during the pain the pressure of the child's head upon the placental edge completely controlled the hæmorrhage, and that the moment relaxation took place the flow commenced. Taking advantage of this indication, I grasped the uterine tumor and pressed steadily in the direction of the os. This I continued with



perfect success for two and a half hours, when a living child was born, and the placenta followed without interval of time.

During all this period, if I relaxed my pressure when the uterus was not in a state of contraction, hæmorrhage was sure to commence immediately. In a prize essay written by Prof. James D. Trask, and communicated to the American Medical Association, fifteen years ago, I find the following sentence: "Rupture of the membranes by permitting the escape of the liquor amnii, and allowing the direct pressure of the presenting part against the placenta, is, for the most part sufficient to restrain hæmorrhage in partial presentations, but usually proves insufficient when the presentation is complete."

I learn from the same source that Mauriceau, as early as 1682, introduced the practice of rupturing the membranes in cases of partial placenta prævia, whenever it was possible to do it, "with the hope of securing increased contractions of the womb."

Dewees and Baudelocque both opposed it, "because of the difficulty of its performance and the risk of increasing the hæmorrhage by separation of the placenta." Besides, they asserted that it very seldom stopped the hæmorrhage, and the draining off of the liquor amnii was a serious source of embarrassment in case version became necessary. In my case, the membranes were already ruptured, so that I had no responsibility in the matter, but whether ruptured spontaneously or designedly, I find nowhere any recommendation of the practice which I instituted and found so efficient. If it is new, I am glad to contribute it as an additional means of success in a class of cases always sufficiently grave. If it is old, those who are greater readers in this department will soon advise me of the fact.—*N. Y. Med. Jour.*

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## A STRIKE AMONG DOCTORS.

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The Medical Society of Camden, New Jersey, has bound its members not to make official *post-mortem* examinations for less than from twenty to fifty dollars—the price hitherto paid by the authorities being ten dollars. A strike among doctors is a rare event, though we cannot see why they have not a common right with others to the luxury.—*Pacific Medical and Surgical Journal.*

## STERCORACEOUS EMANATIONS AS A CAUSE OF DISEASE.

The agency of effluvia and of subterranean percolations from human feces, in producing various forms of disease, is considered by many medical writers as a well established fact. The odor of feces is reported in some cases to have given rise to severe epidemics. Cholera is said to have been propagated in this way, and also by percolation from privies into wells at some distance, though the water may appear to be quite pure when tried both by sensible and chemical tests. This fecal theory is the best theory extant for strategic purposes. Wherever man is, feces must be near at hand; and a lively imagination can always trace the subtle poison rising in the air and entering the lungs, or sinking into the earth and impregnating the water of springs and wells, and thus reaching the human stomach. Take the following illustration, from no less a personage than Dr. Anstie: "A country town, without deep drainage, disposes of its sewage in cess-pools; and the limited space in which the houses stand renders it inevitable that the drinking wells should be within a very short distance of the cess-pools. From the latter a continual oozing of decomposing organic matter takes place, and more or less of this finds its way into these wells. For years possibly no particular harm can result. But at length there was a long, dry summer, which reduces the water to a low ebb, and concentrates the impurities, besides favoring decomposition. In such circumstances typhoid fever breaks out among the persons who drink the water."

Now it so happens that this description applies exactly to the city of Oakland, and has applied to it every year since its existence: and yet there has never been a typhoid endemic in the place, while several sparsely settled rural districts in Alameda county, where the water of springs is used, which could by no possibility be impregnated with such impurities, have been frequently visited by that disease. It is worthy of note that no account is taken by Dr. Anstie of the "long, dry summer which reduces the water to a low ebb," as a climatic cause of disease. There is overlooked in his etiology only as it affects the water; whereas, every one knows that just such summers are favorable to ordinary autumnal fevers in all malarious regions of country.

According to our observation, typhoid and typho-malarial fevers prevail quite as much in California, in rural districts where fecal impurities of the water can not exist, as in towns where wells and cess-pools are in proximity. The towns, indeed, are more exempt than the country.

We never have had any faith in the fecal theory. We regard it as one of the bubbles of the day, which will disappear before many years, and return by-and-by, like a comet from its wanderings, to amuse a future generation of medical philosophers.—*Pacific Med. and Surg. Journal.*

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### A NEW REMEDY FOR CATARRH.

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A recent number of the *Heilbronn Memorabilien*, (Germany,) contains the following resume of an article on the nature and treatment of catarrh, by Dr. M. Frank, of Munich.

Nasal catarrh should always be regarded as an infectious disease. The infectious principle is chiefly transmitted to the nasal passages in the air of respiration, which very soon manifests its action in a profuse watery secretion from the mucous surfaces. The affection is then propagated along the lachrymal ducts to the conjunctival membrane, into the pharynx, Eustachian tubes, larynx, trachea and bronchial tubes, with the accompanying train of symptoms in these organs; or the affection may extend down the œsophagus, into the stomach and intestinal tract, with the corresponding morbid phenomena. In most instances, where the intensity is not great, it runs its course in from seven to eleven days. With many the febrile state, sense of weakness, and feeling of discomfort generally are so great that the patient will take to his bed, or the necessity of continual cleansing of the nostrils, or sometimes the just appreciation of the danger to others, will cause him, for the time being, to avoid all society.

The constant neglect of colds, or ordinary catarrh, on account of its being regarded a trivial affection, is a matter of daily observation, and which led Hufeland to assert that a greater number of people died of it than from the pest.

Dr. Frank recommends the following treatment, which he has practised for two years, with constantly favorable results:

Immediately on the approach of the first symptoms in the nasal passages, the patient is directed to use a weak solution of the hypermanganate of soda as a disinfectant.

Enough of the hypermanganate is added to a goblet full of water to give it a cherry red color.

A handful of this solution is snuffed up the nostrils every couple of hours, using the precaution to blow out carefully after each operation. If the pharynx has become affected, the same should also be used as a gargle. Usually before the end of the second day all symptoms have disappeared.—*Chicago Examiner*.

WEIGHT OF HUMAN BRAINS.—THE *Medical and Surgical Reporter* of July 8th quotes from the *Journal of Mental Sciences* this table of the weight of the brains of several distinguished men:

	Age.	Oz.
Cuvier, naturalist .....	63	64.5
Abercrombie, physician.....	64	63.
Spurzheim, physician.....	56	55.06
Dirichlet, mathematician .....	54	53.6
De Morny, statesman and courtier.....	50	53.6
Daniel Webster, statesman.....	70	53.5
Campbell, Lord Chancellor .....	80	53.5
Chalmers, celebrated preacher.....	67	53
Fuchs, pathologist.....	52	52.9
Gauss, mathematician .....	78	52.6
Dupuytren, surgeon.....	58	58
Whewell, philosopher.....	71	49.
Hermann, philologist .....	51	47.9
Tiedemann, physiologist.....	80	44.2
Hausmann, mineralogist.....	77	43.2
[ To these may now be added		
Simpson, physician.....		54
McGee Canadian Statesman .....		59 ] Ed.

## DISEASES OF THE HEART.

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Dr. Horace Dobell, in one of his communications to the *Medical Press and Circular*, on Pain at the Heart and in its neighborhood, dwells upon the significance of pain in the *pomum adami*, which, according to his experience, "is one of the most fatal symptoms which we meet with in connection with diseases of the heart."—*Lancet and Observer*.

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DIFFERENCES OF OPINION BETWEEN MEDICAL MEN LESS THAN BETWEEN MEMBERS OF THE LEGAL PROFESSION.—Reference is often made by public writers to the conflict of opinion which is commonly found amongst medical witnesses. Lawyers are most apt to refer to this diversity of judgment—rarely in complimentary terms—most often to suggest or to point the conclusion that judgments so divided in their course and so little consistent are of slight weight and deserve little consideration. A barrister furnishes us this week with facts that should modify that opinion, if strict analogy can serve to afford an illustration or to point an argument. The analysis of the decisions of Lord Justice Giffard, sitting alone in appeal cases from January to June, 1870, shows that of forty-one appeals from various courts, the decisions of those courts were affirmed in seventeen cases, reversed in nineteen cases, and varied in five cases. In applying this illustration to the cases of difference of opinion amongst medical experts in courts of justice, it must be remembered that in the great majority of cases to be decided—say 90 per cent. of railway compensation cases—medical opinion is unanimous. And such cases do not come into court. It is only where doubts and difficulties arise that a judicial decision in court is ordinarily asked. The cases of agreement, which are most numerous, are settled out of sight. Moreover, it is only fair to take into account the essential elements of mystery, individual vital differences, and special combinations, which surround each medical case, and obstruct the arrival at certainty. In legal decisions, all the conditions are known, and the principles to be applied are ascertainable. The process is one of pure reasoning, free from conjecture. Yet it does not seem to be productive of complete unanimity in the end.—*Brit. Med. Journal*, June 18, 1870.

## HYDROCELE IN A FEMALE.

BY F. P. BENNETT, M.D., DANBURY, CONN.

Hydrocele in females is of such rare occurrence that most authors on surgery fail even to make mention of it, and many physicians claim that it never exists, and in an extensive practice of over forty years but one single case has come under my observation. This case occurred recently in a young married female residing in Putnam county, and was mistaken by a surgeon of some eminence for a case of inguinal hernia, who endeavored to reduce it, but failing to do so, pronounced it adherent and irreducible, and advised to let it alone. That such a mistake should have been made is not at all surprising, as it was a hydrocele of the round ligament coming down through the inguinal canal, and occupying exactly the place of inguinal hernia, and closely resembling one. She subsequently came under my care, and upon inquiry I learned that about five years since a small tumor had made its appearance, which had slowly and steadily increased in size until it had attained its present size, which was about as large as a turkey's egg. It had not been painful, was not attended with abdominal disturbance, had never receded when decumbent, and gave to the touch a feeling of fluid contents, instead of the doughy feel of hernia, and I therefore thought that, whatever it might be, it was not hernia; and upon a closer inspection I diagnosed hydrocele of the round ligament, although it was not diaphanous. So sure was I of a correct diagnosis, that I at once proposed an operation, to which she readily consented: and with the aid of a professional brother, who coincided with me in my diagnosis, I proceeded to cautiously lay open the sac, when we found to our great satisfaction that we had not blundered in our opinion. The serous contents of the sac having been evacuated, I injected it with a saturated tincture of iodine, and she speedily recovered, without the super-vention of a single unpleasant symptom. The case is only important from its rarity, and the fact that most physicians are not aware that hydrocele can, or ever does, occur in the female; and my object in writing this article is not to record any remarkable achievement in surgery, but to call the attention of physicians to this subject, and thereby prevent mistakes which might be attended with disastrous results.—*Medical Record.*

TAPE-WORM EXPELLED BY TURPENTINE.

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Dr. Freeman, of Brooklyn, presented a tape-worm sixteen feet in length (about four feet of which was in fragments), which had been passed by an English girl, aged thirteen years. She had been treated for tape-worm five or six months ago in England, but without any gratifying result. On the 3rd of October, having fasted for twenty-four hours, two ounces of fluid extract of male fern were administered, followed the next morning, she still fasting, by an ounce of castor-oil and a drachm of oil of turpentine. This latter dose was repeated during the day. No portions of the worm were passed. She was let alone until the following Friday, when two ounces of oil of turpentine, in half a teacupful of milk, were given, and in the course of three or four hours afterwards twelve feet of the parasite came away, together with forty or fifty small pieces. The case was interesting, as proving the efficacy of the old-fashioned remedy, oil of turpentine. She suffered no bad symptoms from the large dose of turpentine, but the small ones produced more or less strangury.

Dr. Fennell remarked that had the patient died, there would have been no difficulty with a coroner's jury in arriving at a verdict of death from an overdose of turpentine. The remedy, nevertheless, seemed from the results of the case to be well chosen.

Dr. Whitall recalled a case in which he had administered on one occasion an ounce of pumpkin-seed in half-a-pint of water, and in which thirty-eight feet of the worm had been discharged alive. Finding it necessary, three months after, to treat the patient again for the same trouble, he administered two drachms of the essential oil of *felix mas*, followed the next day by two ounces of castor-oil. This resulted in the passage of four feet of the *tenia*, dead.

Dr. Autehison had some time ago asked Dr. Squibb what was the best remedy for tape-worm, and the reply was, two ounces of oil of turpentine. The remedy in large doses acts as a purgative, but in small quantities, as in Dr. Freeman's case, was apt to produce strangury.—*New York Pathological Society's Report.*

OBLITERATION OF VARICOSE VEINS.

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From some clinical remarks made by Mr. Haynes Walton during a recent visit to the wards, we gather that he is much in favor of tying varicose veins under certain circumstances, and that in his hands the operation has met with such marked success as to justify his favorable opinion of it. Remarking upon this plan of treatment to the students, Mr. Walton pointed out the value of Mr. Gay's researches, which have shown that the vein which mainly suffers is not the long saphena, as is usually taught, but rather its smaller tributaries. The operation of ligaturing varicose veins was long thrown into the background by the strong adverse opinion expressed by Sir Benjamin Brodie, in which course he was followed by Key and Lawrence, so that for some years this mode of treatment shared the fate of the valuable operation of lithotrity, which was also by the powerful opposition of Brodie prevented from coming into general use for several years. Both methods of treatment, however, have been very generally revived amongst us of late, and Mr. Walton believes that if due discretion be exercised in the selection of cases, and proper caution observed in the performance of the operation, the ligature of varicose veins is as safe and as effectual a proceeding as any remedy which has been proposed. Mr. Walton never operates as long as fair relief is obtained from elastic stockings or bandages. When these means fail, however, the patient is put to bed and kept at rest for a few days, with a cold lotion to the affected leg, and then the swollen vein is obliterated in the usual manner. Much stress is laid on the method of introducing the pin, which must be inserted vertically through the parts by the side of the vein, the point carried well round, and thrust sharply out on the other side. Mr. Walton generally follows the plan suggested by Mr. Henry Lee, of dividing the vein between the points of compression; not with the object of rendering the operation more effectual, but merely to prove that the vein is properly secured and not transfixed, transfixion by a careless operator being the great source of danger in this otherwise highly satisfactory treatment. During the past year Mr. Walton operated on seven of these cases, and each time with a successful result.—*Med. Times and Gazette.*



## Original Communications.

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### URINARY CALCULUS IMPACTED IN THE URETHRA OF A LITTLE BOY.

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BY T. CONSTANTINIDES, M.D., M.R.C.S.

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Early in the morning of the 15th inst, I was called in haste to see a little boy, four years of age, who was "just dying" of some *unascertainable* internal trouble. On the way to my little patient, I gathered from his father the following details of his case:

"Tom" had been from his birth a delicate child, though he had never had any particular illness. Some four months ago his health began to fail somewhat more than usual, and on application for medical advice he was treated for worms, of which he passed one or two at different times, without, however, any perceptible improvement. On the contrary, he appeared to grow worse every day, and now, in addition to his other many ailments, his abdomen commenced to swell, and to be tender to the touch, and he began to feel pain and to experience some difficulty in voiding his urine, which seemed to be irritating and to scald the orifice of his urethra and the adjacent parts. They still continued to treat him for *worms*, to the presence of which in his intestines all his ever increasing difficulties were ascribed, and of which they were said to be the mere *sympathetic symptoms*.

On my arrival, I found the little fellow in a critical condition indeed. The tension in the region of his hypogastrium and the incessant pain were agonizing, and the only posture in which he could find a moment's relief—and in which I found him—was to be seated doubled, over a chamber pot full of hot water. His pulse was quick, small, and flickering; his skin dry; his tongue heavily coated and parched; his eyes suffused; his face pinched; his whole aspect was expressive of unutterable distress, and he was rapidly sinking into a state of collapse.

It did not require protracted or minute examination to ascertain the seat of the lesion, and the immediate cause of his

approaching dissolution. One glance at the size and shape of his hypogastrium told, in unmistakable language, that unless speedily relieved, his bladder was in imminent danger of being ruptured. I undertook accordingly to introduce, at once, a catheter, but to my dismay the instrument was presently arrested in its progress into the bladder by some foreign body in the passage, lodged evidently in the membranous portion of the canal. The contact of the instrument with the obstacle conveyed to the touch the peculiar sensation characteristic of a stone in the bladder. Gentle and firm pressure had no effect on the obstruction, I, therefore, withdrew the catheter and introduced a long, slender pair of forceps, by means of which, after many fruitless efforts, I succeeded at last in grasping and extracting a rough urinary calculus, much in shape and size like a split pea. The exit of the stone was followed by a drop or two of blood, but owing to temporary paralysis of the bladder, in consequence of its enormous distention, no urine followed. I, therefore, introduced the catheter again, which now found a ready entrance into the viscus, and let out a large quantity of partially decomposed, highly offensive urine. The alarming symptoms began soon to subside, and little "Tom" expressed himself greatly relieved.

It may not be very flattering to *our science*, as well to observe that all the help the poor child received at the hands of his comforters, during all his somewhat protracted and severe sufferings, consisted in minute doses of certain saccharine preparations, in the form of globules.

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## ABSENCE OF THE UTERUS AND VAGINA.

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BY UZZIEL OGDEN, M.D., LECTURER ON MIDWIFERY AND DISEASES  
OF WOMEN AND CHILDREN, IN THE TORONTO SCHOOL OF  
MEDICINE.

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A medical friend once said in my presence that "No woman should get married till it was known she would make a good wet-nurse;" and Meigs says, "A woman ought not to be married who has never menstruated, until it shall have been ascertained that she is not amenorrhœal from faulty development."

However much force there may be in both these statements, yet the cases are widely different in the relative importance of their influence on the subsequent lives of the parties concerned, for while the deficiency in the first can be easily compensated without any infraction of the moral law, the defect in the latter, if undiscovered till after marriage, can hardly be supplemented this side of Utah, without doing violence to the moral sensibilities of civilized society, and is very apt to entail permanent misery on all concerned.

Meigs says he has seen two pretty women who were allowed to marry before it was ascertained they had no wombs or vaginæ, and although I have heard a lady physician say that many women would rather consider that a blessing than otherwise, yet it was evident in the case of my patient that *she* would have preferred the full development of *all her faculties*.

In October last, I was asked to see a young woman 22 years of age, about 4 ft. 8 in. high, rather pale, but moderately well developed, comely in appearance, with feminine voice, modest and retiring manner, well formed breasts, and who at times experienced rather strong sexual desires. She had never menstruated, although she had taken many tonics and emmenagogues.

A year or two ago she was to have been married, but *fortunately* the match was accidentally broken off.

I could find nothing in the general health to account for the persistent amenorrhœa, and as the lady who asked me to see the patient, suspected absence of the uterus, I made a very thorough examination.

I found the breasts and nipples well developed, the mons veneris well covered with hair; the labia majora, minora and the clitoris fully formed; there was no hymen present, and the vagina terminated in a *cul de sac*, about one inch and a-half within the vulva. She stated, with every appearance of sincerity, that she had never attempted sexual intercourse; and I know that she belongs to a respectable family, her father being a farmer within a few miles of this city.

All the external organs and appearances indicated a properly developed, modest, good looking girl, well calculated to engage a young man in matrimonial enterprise.

On the most careful digital examination by pressure above the pubes, through the vagina and rectum, I failed to detect anything like the uterus, or any tumor within the pelvis.

I then passed a male sound within the bladder and my forefinger

into the vagina, while an assistant passed a finger into the rectum; then by turning the handle of the sound, I made its point completely sweep the anterior wall of the pelvis, and in doing so I could distinctly feel it, as it passed by the point of my finger in the *cul de sac* of the vagina, with nothing but the thin vaginal wall intervening; at the same time my assistant's finger in the rectum distinctly felt the point of the sound, as it passed over the bowel in completing the circuit of the pelvis.

We thus became satisfied of the complete absence of the uterus, an almost total absence of the vagina, and the probable absence of the ovaries; but as these latter organs are usually beyond the reach of the finger, their absence or presence was left an open question.

From the well developed breasts, the state of the mons veneris, and the occasional experience of strong sexual desires, combined with the usual feminine voice and instincts, one would be inclined to think the ovaries were present somewhere. But on the other hand there had never been anything like that periodical *nixus*, which is said to mark the return of the catamenial epochs in those cases of absent uteri where the ovaries are known to be present.

Altogether it would seem as if the clitoris was, after all, the seat to a great extent of the aphrodisiac sense; and a case recently reported in which that organ was removed for the relief of epilepsy, in a girl addicted to masturbation, would, by the success which followed the operation, still further strengthen this view.

Under all the circumstances, we felt it our duty to advise our patient against any further matrimonial propositions, an advice which, it is needless to say, appeared to give the poor girl very great pain.

## WORM FEVER.

BY R. J. DARRACH, M.D., COLUMBUS, ONT.

Worm Fever may not be—strictly speaking—a scientific term, but I think, in the present instance, it is a very appropriate one, and perhaps the following case will be sufficiently interesting to report in the *Lancet*.

I was called on the morning of the 30th ult. to see a little boy, aged six, who, as his mother informed me, had been sick for a couple of weeks, and she feared he had, or was going to

have, Scarlet Fever; inasmuch as his sister, who was living out, previously had it, and after her recovery had been home on a visit and left again. The child she informed me, had been covered with a sort of a rash a few days previous to my seeing him, but it had remained only a short time and disappeared, and had not been seen since, nor did I see any trace of it.

I found my little patient in a high state of fever, skin excessively hot and dry, pulse 144, tongue coated at the edges with a dirty white fur, the middle and tip red with enlarged papillæ, —the tip having the appearance of a ripe strawberry. His face was very much swollen; so much so, that the eyes—especially the left one—were almost closed. The abdomen was tympanitic, bowels loose, stools passed involuntarily and of a dirty green color. The little fellow complained of no pains whatever, and though six years of age, I could learn nothing from him. His mother told me she thought he was sometimes a little out of his head." But there was no appearance of delirium while I was present. I asked her if she had noticed if he passed any worms lately, she said, not since last Spring. I administered an emetic, composed of zinci sulph. and ipecac. pow.; ordered him a warm bath, and prescribed a couple of powders composed of calomel, ipecac., and zinci. sulph., to be given in the course of the day, and left, promising to see him next day. Next day, before I had time to see him, his mother called at my office and told me the child was much better, and she did not think it would be necessary for me to go and see him, (they lived in the country), she told me he had a very free vomit, and that he had ejected a large-sized worm. I then gave her a powder containing six grains of santonine, to be given when she went home, and followed in a few hours by a purge. I saw the little fellow next day and found him very much better, and learned that he had passed no less than 17 large worms; after which he recovered rapidly.

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(To the Editor of the Canada Lancet.)

SIR,—I noticed in the *Canada Lancet* for the present month, an extract from the *Orillia Northern Light*, referring to Dr. Henry Strange's neglect in attending to his duties as Registrar. As you ask for information on the subject, I will give you my own experience. I

arrived in this country in the middle of August last, and immediately wrote to Dr. Strange (enclosing a stamped envelope), for information as to the forms necessary for registration. After waiting a week and receiving no answer, I wrote a second time with the same result. Then I wrote to Dr. Brouse, and by his advice sent my diplomas with the fees to Hamilton, in the beginning of October, and as a precaution enclosed an affidavit sworn before a J. P., that they were genuine. I still heard nothing from Dr. Strange, and, after waiting a week, wrote to him threatening him with legal proceedings unless he registered and returned my diplomas at once. Four days after, I received them, with a letter (not pre-paid), to say that the affidavit I had sent was useless, and that I must make one before the County Judge, before I could be registered. Owing to the Judge's absence from town, I had to wait six weeks before I could do so. I then (Nov. 24) sent them back to Dr. Strange, with a request that he would register and return them as soon as possible; but up to this date have not heard from him, though I wrote a week ago, threatening legal proceedings, which I shall commence in a few days, unless the diplomas are returned. Owing to Dr. Strange's neglect, I have had to pay double express charges, besides the annoyance of frequent writing and waiting. Had he attended to my first letter, and furnished me the information he is paid to give, the business might have been finished in a fortnight at the furthest. Two other gentlemen have informed me that after waiting six months, and trying every other means, they have only recovered their diplomas by legal threats; and I am told this is not uncommon. The students here who passed their preliminary examinations last spring have, I understand, not yet received their certificates.

I am, Sir,

Yours faithfully,

H. J. SAUNDERS, M.D., M.R.C.S., Eng.

Kingston, Dec. 19, 1870.

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(To the Editor of the Lancet.)

DEAR SIR,—I have received several of your *Canada Lancets*, and have read with pleasure several articles therein on behalf of the present and future welfare of the profession. As I feel the necessity of a still further perfecting of the present Medical Act, I would ask if any move has been made to get the Act perfected in regard to fining—

and collecting the fine—from persons practising without the proper license ?

The properly qualified practitioner, through the Medical Council, has been required to register and pay a fee of \$5 or \$10, as a protection against unqualified men ; while the Act is so framed as to allow the latter to practise with impunity in your very midst, and if you say anything in reference to the law—he'll laugh at you and your law and tell you you can't do anything with him, as the statute does not provide for the collection of fines.

This is a sad state of affairs, especially for the country physician, as he is beset on every side by unprincipled scoundrels, who are ready and willing to take every advantage of him and the law ; and the public are willing to listen to and be led by these men in preference to us. The ignorant public will patronise these men and sympathise with them, because they think we are trying to put them down.

There is, I think, another serious drawback to the proper working of the new Act, and that is this : there is no one appointed to put the law in force. Now if a properly qualified person was appointed as a public prosecutor, with instructions to prosecute all unlicensed practitioners without scruple or diffidence ; in a short time the country would be rid of all quacks, and then the qualified men could, without fear of being under-priced by humbugs, form themselves into organizations and establish a regular tariff.

I am pestered by one of these *gullers* of the public, and I can speak from experience. I sometimes feel hard towards the leaders of the profession, who compelled me to pay my \$10 to gain protection, and then be left in the present position as regards quacks. Now is the time, I should think, for something to be done, while the Government is sitting in your midst.

I did not write this letter for publication, but I feel as if I should do or say something, and probably stir the matter up, as we in the country will always be hampered until this flaw in the statutes is corrected.

I am, respectfully,

D. L. WALMSLEY, M.D.

Elmira, Dec. 10th, 1870.

# The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

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*Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

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TORONTO, JANUARY 2, 1871.

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As will be seen, the present issue of the *Lancet* is increased to 64 pages, and otherwise materially improved in character and appearance. We have the promise of assistance from some of the most prominent medical men in this city, and others in contributing to our pages; and we therefore hope to be able to furnish our readers with a larger amount of original matter than we have heretofore been able to obtain. Considerable expense has been incurred in carrying out the changes we have made, and we trust that our friends and subscribers will assist us in our earnest endeavor to build up a first-class medical journal in this country. The *Canada Lancet* has nearly doubled its circulation within the past six months, and is still increasing rapidly. It is now the largest, most widely circulated and best appointed medical journal in the Dominion: and we are determined that no efforts shall be spared to maintain for it the prominent position which it has already obtained. Since assuming its management, we have received the most flattering testimonials from members of the profession in all parts of the country, and also many kind words of encouragement. It is highly gratifying to know that our labors have been duly appreciated, and our humble efforts fully recognized by those members of the profession whose opinions we so highly respect. We enter upon the new year with buoyant hopes and bright prospects of success in the future.

Considerable space will be given to original communications, and we would again urge upon our medical brethren the import-



ance of this department in successful journalism; and we trust that they will lay liberally to our hands of such material as they have at their command. Our editorial pages will be well filled with interesting and instructive articles on medical and scientific subjects, and correspondents will have abundant opportunities of expressing their opinions freely on all matters appertaining directly or indirectly to the interests of the profession. Great care will also be exercised in the selection of articles from the best British and American journals. Copies of the present number will be sent to many who are not as yet subscribers, and we sincerely hope it may meet with their approval and support, and that they will kindly favor us with their names as subscribers to the *Lancet* for the current year.

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### BRITISH MEDICAL BILL.

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It is proposed, in order to reform the constitution of the General Medical Council of Great Britain, to introduce a new Medical Bill; the draft of which, published in the London *Lancet*, is now before the public. It has been a subject of complaint that the existing Council, which consists of 24 members, is too large, and it is proposed to reduce the number to 12, of whom 4 are to be nominated by the crown, 4 by the medical authorities, and 4 are to be elected by the registered practitioners; 2 by the registered practitioners of England, and 1 by those of Ireland and Scotland, respectively. The four nominees of the crown are to be divided between the three kingdoms in the same proportions; and the corporations and universities of the three kingdoms are respectively to combine or amalgamate, to elect in England two representatives, and in Scotland and Ireland, one each.

Another feature of the proposed bill is the election by the new Council of a National Examining Board for each of the three kingdoms. In order to secure an effective Examining Board, it is suggested that the Council shall appoint only such persons as examiners as "are of approved skill in the several subjects on which they have to examine." And a further guarantee is proposed by the appointment of Inspectors of Examinations. It is also proposed that no other diploma shall be given until after the State License has been obtained. Permission is however, to candidates to be ex-

amined by any of the medical authorities, but the degrees or diplomas are not to be actually conferred until the license has been granted. The License is to be given in the name of the General Council, thus avoiding any professional inconvenience or territorial distinction. There are many other less important points which we need not refer to at present.

The new Bill is, on the whole, an improvement upon the existing one, although defective in several particulars. In the first place, we think that the proposed number of representatives is entirely too small, for we are convinced that the various opinions of so large a body as the medical profession of Great Britain cannot find expression in so small a number of representatives as twelve. The only reasonable objection to a large council is its expense; but this we do not hold to be a valid one.

Another point which will be likely to give rise to considerable discussion is the proportion of representatives assigned to the three kingdoms. The number of registered practitioners in England is not double the number of those in Ireland and Scotland: while the representatives will be two in the former to one each in the latter. Some difficulty will also be experienced in the amalgamation of the corporations and universities of the various kingdoms to elect their representatives, and complaints respecting the unequal representation will not be wanting.

Most of the provisions of the new Bill have been discussed by various persons, and some of them have been advocated by several of the most eminent medical men in Great Britain. The appointment of the examining board by the Council was proposed by Dr James, before the act of 1858 was passed. He also strongly maintained that no other diploma should be granted until the State License has been obtained. Mr. Charles Hawkins, a member of the Council, was strongly in favor of a council of twelve, and maintained that the representatives of the medical authorities should be excluded. This view of the case has been frequently urged, as it may be considered that a controlling body should be independent of those whom it is to control.

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PERSONAL.—At an examination held at the Royal College of Surgeons of England, on November 5th, 1870, Mr. Arthur Jukes Johnson, M.B., late of Toronto School of Medicine, passed the primary examination for member, and was highly complimented on his knowledge of anatomy and physiology.

THE SYME TESTIMONIAL.

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Upon the retirement of Prof. Syme from the chair of Clinical Surgery in the University of Edinburgh, in 1869, after a term of 36 years, a meeting was held in London by the medical profession, to consider as to the best mode of getting up a suitable testimonial in his honor. This meeting was attended by many of the most eminent physicians and surgeons of the British metropolis, and it was resolved that the testimonial should consist of two parts—"A Fellowship in Surgery in the University of Edinburgh, to be called the *Syme Surgical Fellowship*, and a marble bust of the learned Professor to be placed in the University Library or the Hall of the new Royal Infirmary."

The amount to be raised to meet these expenses was about \$12,000. The subscribers to the testimonial embrace the names of physicians and surgeons in all parts of the British Empire, many of them being his former pupils.

In April, 1870, the Secretary of the London Executive Committee, Dr. Murchison, F.R.S., wrote to Prof. Gross, of Philadelphia, asking his co-operation in obtaining subscriptions from some of the learned Professor's friends in America. In compliance with this request, a meeting of the surgeons and physicians of Philadelphia was held and a committee appointed, consisting of the following gentlemen:—Drs. Gross, Hays, Pancoast, Atlu, Agnew, Hartshorne, Packard, Brinton and Mears. Circulars were sent to leading surgeons in different parts of the country asking for contributions, and were met by a hearty response. The net proceeds of the collection amounted to \$220, and was forwarded to the honorary Secretary. The amount of the subscription was small, but the act shows a feeling of sympathy with the movement of the British profession in their effort to do honor to an illustrious brother.

Such acts cannot fail to strengthen the bonds of good fellowship existing between American and British physicians, and perpetuate the ties of relationship between the two countries.

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THE INVENTOR OF SPECTACLES.—On a tombstone at Florence is this inscription:—"Here lies Salvino Armato d'Armati, of Florence, the inventor of spectacles. May God pardon his sins. The year 1318."

## POISON VENDING.

A number of the chemists and druggists of the city of Toronto have been charged, at the instance of the notorious George Albert Mason, with selling poison contrary to law. The case of J. O. Wood of King St. West, the first on the list, was investigated before the Police Magistrate, and after much delay and repeated postponements, judgment was given against the defendant, and he was fined \$20 and costs.

The following is the Clause of Chap. 93 of the Consolidated Statutes, which refers to the charge:—

“No apothecary, chemist, druggist, vendor of medicine, or other person shall sell or deliver any arsenic, corrosive sublimate, strychnine or other poison, mineral or vegetable, simple or composite commonly known as a deadly poison, (or which being incautiously or secretly administered may cause immediate death), to any person who does not then produce and deliver a certificate or note from some person duly licensed to practice as a physician or surgeon, or some priest or minister of religion, resident in the locality, addressed to such druggist, &c., and mentioning the name, calling or profession of the person requiring such poison, and stating the purpose for which it is required, and that it ought to be sold to the person requiring the same; and such certificate or note shall be kept by the person selling or delivering such poison as his justification for so doing.”

Mason and his associate—John Gale—visited the various drug-stores in the city and purchased small quantities of laudanum. The purchases were made by Gale, while Mason, who subsequently received the medicine, remained outside. A good deal of caution was exhibited by many of the druggists, and a few refused to sell because the purchaser was a stranger, but no written authority was demanded.

The counsel for the defence contended that laudanum was not a deadly poison, and therefore not within the scope or meaning of the statute, and a number of witnesses were adduced to prove this position. The evidence of Dr. Lizars and Dr. Riddell, which was in some respects nearly similar, went to show that laudanum did not cause immediate death and was not therefore a deadly poison. It was also shown that some people were in the habit of using it in large quantities without any deadly effect. Prof. Croft also gave evidence to the effect that laudanum did not cause immediate death. In his evidence he also

stated that laudanum was kept in nearly every house in the city, and expressed his opinion that it was not a poison within the meaning of the statute. Several druggists gave evidence to the effect that certain precautions were taken in selling laudanum to parties with whom they were not acquainted, and the counsel for the prosecution contended that such being the case it clearly showed that they considered it a deadly poison; and besides, some of the medical men stated that instances of death resulting from an overdose of laudanum were not of unfrequent occurrence.

The Police Magistrate decided against the defendant, but his counsel announced their intention of appealing in this case to a higher court.

If the druggists are to be held to the strict letter of the law in regard to the sale of laudanum, because it is a poison in large doses, a great inconvenience will be experienced by the public. Any medicinal substance is poison when taken in excessive doses as well as laudanum, and we do not see why the sale of the latter should be prohibited to persons who know its use and its appropriate dose. It does not cause immediate death, and is, therefore, *not a deadly poison* within the meaning of statute.

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## SUITS FOR MALPRACTICE.

The results of Suits for Malpractice are not only unfortunate for the Defendants, but also incidentally injurious to the medical profession, by impairing public confidence in the skill and integrity of its members.

The injustice which is sometimes done is not owing to mistakes in the law, as laid down by the judges; but to misapprehension of the facts by juries, who are *notoriously stupid and unjust*.

The foundation of the liability of the medical man for Malpractice rests on the principles of "the law of contracts. In assuming the practice of his profession, he implies that he is possessed of *ordinary* skill, and that he will use it with all reasonable diligence and care in the treatment of disease.

These are conditions which are assumed in all trades and professions requiring skill, and are no more rigid and exacting in the case of the medical man than any other; but the degree of care and skill required by law is in proportion to the delicacy and difficulty of the ser-

vice to be rendered—for example, the care and skill exercised by the blacksmith are less than that shown by the watchmaker; while that of the physician or surgeon, who deals with human life and limb, is much greater than either. But while ordinary skill and care are imperatively demanded from the medical man, *extraordinary* skill is neither required nor expected, as few practitioners would be able to attain to it, and the majority of patients would be utterly unable to pay for such assistance.

The criterion of skill is wisely adjusted to the average proficiency of medical men, and the law chooses that middle course which experience has shown to be best calculated to protect the public and keep the profession up to a certain standard, by holding them responsible without imposing on them unreasonable and excessive burdens. The physician or surgeon is liable for injuries resulting from his want of ordinary care and skill, because his position before the public implies that he is possessed of these qualifications; and this is the case even where the services are rendered gratuitously, as at an hospital or dispensary, whether specially retained or not.

A mistaken opinion regarding the nature of the disease or its proper mode of treatment is not conclusive evidence of the want of due skill; but it must be shown that the error arose from a want of that ordinary skill and average proficiency to which we have above alluded. A medical man is not to be pronounced incompetent because he exhibits less skill than some of his more gifted and experienced confrères. The law fairly recognizing the diversity of talent among medical practitioners only requires that he shall be possessed of sufficient skill to treat disease with reasonable success.

In determining whether a physician or surgeon has exercised ordinary skill in the treatment of a patient, the advanced state of the profession at the time must be taken into consideration. A medical man is in duty bound to keep pace with the most important inventions and discoveries in medical and surgical science, for he cannot be held blameless if he continues to use means and appliances that have been discarded or superseded by more suitable ones. The progress of medicine and surgery has been very marked in recent years, and the tendency to conservative surgery very great. These circumstances tend to raise the standard of proficiency among medical men at the present time, so that what may have been good practice five or six years ago may be considered as the very opposite at present. In cases of alleged malpractice, the standard of ordinary skill would be that of the recog-

nized authorities in medical science at the time when the services were performed, as attested by their adoption in ordinary practice.

Besides the possession and exhibition of ordinary skill, the medical man is also bound to exercise ordinary care in the treatment of his patient. The absence of ordinary care, when it produces injury to the patient, renders the medical attendant liable for malpractice. The possession of skill affords no absolute security that it will be carefully exercised, and it is therefore necessary to enforce upon the medical practitioner, a reasonable degree of care in the management of the case under his treatment. Ordinary care is required from every person who undertakes to perform a service for another for a compensation, and means "the care which is usually exercised under similar circumstances by those who are engaged in the same employment." The amount of care necessary in the management of an individual case must depend on the nature of the disease and the condition of the patient. The medical man must not be held to account for the misconduct or obstinacy of the patient; for it is a principle in law that "no person is liable for injury to another when his own misconduct has been the cause of it." It is the bounden duty of the patient to co-operate with his medical attendant, attend to his directions, carry out his instructions, and submit to his operations; and if he refuses to do so he cannot hold the medical man responsible for any neglect or stubbornness on his own part.

It is a subject of common complaint among medical men that surgeons are more frequently the victims of suits for malpractice than physicians, and there is a good deal of truth in this charge, which it is not difficult to understand, since the mode and results of treatment are more obvious in surgery than medicine. The difficulty of tracing the connection between his treatment, and the results of it protect the incompetent physician from a civil action for malpractice, while the surgeon is deemed responsible for the results of natural causes which he is unable to modify or control, or for the misconduct of others.

In consequence of the risks to which the surgeon is liable in the ordinary practice of his profession, it has been suggested that in all delicate or difficult surgical cases, he should take the precaution to obtain from the patient, before undertaking the management of the case, a bond covenanting not to sue for damages, in the event of the case not terminating favorably. Some writers on jurisprudence object to this, however, on the ground that such an instrument is worthless because it is against the spirit of equity to allow any one to exempt himself by

contract from the legal consequence of his own wrongful acts. But on the other hand it is a settled doctrine that an agreement is not void unless it is contrary to public policy and injurious to the interests of the state, so that any agreement entered into between the physician and his patient who is alone affected by his wrong doing or want of success, may be held to exempt the latter from any claim for damages; but if the medical man is not merely unskilled and careless, but is guilty of misconduct, which is so stamped with bad faith and fraud, that it borders on criminality: then the law may set aside the validity of the contract which would otherwise exempt him from the consequences of those injuries to a patient which the latter agreed to overlook. We do not think it is at all derogatory to the *dignity* of the professional man to legally protect himself in order to do good to others, and while we would not commend such contracts as intrinsically desirable, we consider them highly useful under certain circumstances on the score of necessity.

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In another column will be seen the announcement of the Long Island College Hospital, Brooklyn. A new Hospital building is now being erected in connection with this institution, to be completed by the 1st of February next. In the erection of the new building, the opportunity has been embraced of improving the facilities of the College by the construction of a new amphitheatre and operating room, capable of seating about 250 persons. The Hospital grounds comprise 14 full lots, extending on Henry Street from Pacific to Amity Streets. This new improvement will give to the Long Island College Hospital facilities for clinical and hospital instruction possessed by few institutions in the United States.

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We beg leave to call the attention of medical men and medical students to the advertisement of W. & D. Dineen, Hatters and Furriers, 80 Yonge Street, Toronto. They have on hand a complete assortment of hats, caps, and furs of the latest and most fashionable styles, which they offer at a most liberal reduction to the medical profession. A discount of ten per cent. on this line of goods is an inducement which is offered by no other house in the city. We bespeak for them the patronage of our friends and the profession generally.



**MEDICAL COUNCIL.**

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**PRIMARY AND FINAL EXAMINATIONS, APRIL, 1871.**

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The Examinations will begin at 9 o'clock on the morning of Tuesday, the 4th day of April, and will continue till Wednesday, the 12th. Students intending to present themselves at the above examinations must make application to the Registrar, enclosing all certificates, tickets, &c, before Monday, the 21st day of March, 1871. The certificate of no medical practitioner of Ontario will be recognized, whose name does not appear in the Medical Register. Students are requested not to send superfluous tickets, as no record will be kept of any others than those which are requisite to procure admission to the examinations. Due notice will be given to students of the place of holding the examinations, and forms will be furnished through the Secretaries of the various schools, upon which to make application to the Registrar. Students are requested to bear in mind that no exceptions can possibly be made to the strict requirements of the curriculum.

**PROGRAMME OF EXAMINATIONS.**

Tuesday, April 4th.—9 to 11 a.m.; Theoretical Chemistry. 11.30 a.m. to 12.30 p.m.; Practical Chemistry. 3 to 5 p.m.; Medical Diagnosis and General Pathology.

Wednesday, 5th.—9 to 11.30 a.m.; Operative Surgery and Surgical Pathology. 3 to 4.30 p.m.; Operative Midwifery.

Thursday, 6th.—9 to 11 a.m.; Toxicology and Medical Jurisprudence. 2 to 4.30 p.m.; Physiology. 5 to 6 p.m.; Sanitary Science.

Friday, 7th.—9 to 11 a.m.; Materia Medica and Therapeutics. 2 to 3 p.m.; Midwifery, other than Operative. 3.30 to 4.30 p.m.; Botany.

Saturday, 8th.—9 to 11 a.m.; Theory and Practice of Medicine. 11.30 a.m. to 12.30 p.m.; Surgery, other than Operative. 3 to 5 p.m.; Descriptive Anatomy. 5.30 to 6.30 p.m.; Surgical Anatomy.

The Oral Examinations will commence early on the morning of Tuesday, the 11th of April, and be continued until they are concluded.

**BOARD OF EXAMINERS.**

C. M. Covernton, M.D., M.R.C.S. Eng., Physiology; J. H. Sangster, A.M., M.D., Chemistry; J. L. Lizars, M.R.C.S. Eng.,

Surgery; H. H. Wright, M.D., Medicine and Medical Pathology; J. Sweetland, M.D., Medical Diagnosis and Toxicology; M. Sullivan, M.D., Anatomy; Wm. Hope, M.D., Midwifery; H. F. Tuck, M.D., Materia Medica and Therapeutics; \*D. Campbell, M.D., L.R.C.S. Eng., Medical Jurisprudence; \*G. C. Field, M.D., Surgical Pathology; \*S. S. Cornell, M.D., Botany; \*George A. Carson, M.D., Sanitary Science.

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## MATRICULATION EXAMINATIONS.

The next Matriculation Examination will be held on the first Wednesday and Thursday in April, 1871, in Toronto and Kingston, at the Grammar Schools of the respective places. Gentlemen are requested to give notice 6 days before the examination, to the examiner before whom they intend to present themselves, stating the "optional subject" in which they wish to be examined.

Examiners.	)	A. WICKSON, M.A., LL.D., Toronto,
	)	S. WOOD, M.A., Kingston.

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## TORONTO HOSPITAL REPORTS.

### SUMMARY OF CASES UNDER THE CARE OF DR. CANNIFF.

(Reported by Mr. Abbott, Clinical Clerk.)

Bridget B., aged 29, native of Canada, admitted 30th September, 1870—typhoid fever. So far as we can learn, has been unwell for several days; a good deal of fever, skin being very dry. Was ordered a warm bath, after which she continued to sweat freely for 24 hours. The warm bath has been used in several cases where typhoid symptoms had not become too well marked. The bowels were found to be relaxed, to relieve which three grains of sugar of lead with a few grains of ginger were given. Lead is the astringent usually administered, and mostly always with the desired effect. Sometimes the dose was much enlarged, and occasionally it was continued for even two and three weeks with a few intermissions. No unpleasant effects were ever remarked. Daily washing of the skin strictly attended to. Beef

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\* Of these four, the first two are the examiners of the Homœopathic students; and the last two, the Eclectics in their special branches.

tea and milk constitutes the diet. Part of the time the stomach would not retain the milk unless boiled. As the stomach improved in strength, farinaceous food was allowed. By the 19th November, the typhoid symptoms had subsided, but much weakness remained. Ordered tinct. nux vom. m. x. with comp. tinct. gent. and water three times a-day. Discharged well November 27th.

Alfred P., aged 21, native of England, admitted 12th October, 1870—typhoid fever. Had been under medical treatment for ten days. There were evident symptoms of profound typhoid poisoning. Was quite delirious, and unable to take much nourishment or stimulant. The hair was cut close and a blister applied to back of neck. Beef tea, whiskey and milk—a table-spoonful ordered to be given alternately every 20 or 30 minutes, except he might seem to be in a natural sleep, when he might go a longer time without either. The powers of life ebbed and flowed until the 23rd October, when he died.

Margaret B., aged 75, native of Ireland, admitted October 18th, 1870—chronic ulcers of left leg. Of some months' standing. Have several times healed, but before long would open again. For many years before ulcers first formed—two years ago—had swelling of the leg (passive congestion). There are two ulcers, one on the inner surface of the tibia a few inches above the ankle, the other just below the external malleolus. Both ulcers of the indolent kind. The skin around the ankle slightly discolored and constricted, as if fitting too closely to the bone. The case was pointed out to the students as an excellent type of the indolent ulcer, there being no attempt at granulation. Considering the history of the case and the age of the patient, the case was not regarded a very hopeful one so far as healing was concerned. Tinct. iron m. x. with tinct. columbo was ordered to be taken after each meal. A lotion composed of extract belladonna and water, to be applied frequently. This application did not have the beneficial effects it has obtained in other similar cases. But it was doubtful if she used it as directed. Zinc ointment was used with no more benefit. Then adhesive straps, in narrow pieces, were used over the ulcers, with a bandage over all, to be changed and the limb well washed every second day. This had the effect of drawing together the edges of the ulcers and establishing a growth of granulations. For a time healing proceeded; but finally the lower ulcer assuming a dark, unhealthy appearance, nit. silver stick was applied. This gave the patient offence, and she left the Hospital, December 16th. The ulcer upon the leg had healed about one-half. The other remained about the same, while a third small one had formed just below the upper one.

John K., aged 17, native of England, admitted October 18th, 1870—venereal disease. This was an interesting case with several complications, and was abundantly useful in instructing the students. There were in fact co-existing gonorrhœa, soft and hard chancres, phymosis, a good deal of œdema of the penis, and for a while a phagadenic ulcer. There was also induration of the inguinal glands, and from time to time chordee. The fact that both hard and soft chancres, with urethral discharge, existed at the same time, would seem to support the view that all venereal disease may have a common specific origin; that gonorrhœa may, under certain circumstances, produce chancres; that chancres, on the other hand, may set up urethral inflammation; and that a soft chancre may change into a hard, and *vice versa*. In this case the youth, who was a sailor, noticed six days after exposure a "gnawing pain" upon the glans penis, which speedily formed into a pimple which broke, leaving an ulcer which extended. Three days after this gonorrhœa appeared, with some pain on micturation. When he entered the Hospital, the ulcer first formed was deep and with indurated base, and around it were several others, some soft, others ulcerating. Up to this time the patient had entirely neglected the parts, which were exceedingly unclean. The constriction of the prepuce had existed for some time, having formed shortly after the first sore. Great attention was enjoined to keep the parts clean. Frequent washings with soap and water were ordered, and thin white cotton to be placed between the foreskin and glans. For a time the skin could be drawn up; but it had subsequently to be divided. Inflammation of prepuce continued, and further constriction was the result. It was not, however, necessary to divide the parts any further. A strong sugar of lead lotion was freely applied. For the gonorrhœa, bal. cop., tinct. opii co., liq. pot., spts. eth. nit. were employed, and flax seed tea in abundance. To the ulcers, nit. argent. stick was applied. There was a good deal of fluctuation with respect to the gonorrhœal discharge; but the chancres healed very quickly. The chordee or some other irritation would cause the discharge to break out or increase from time to time when he seemed about to get well. Finally it assumed the character of gleet. Prior to this, astringent injections had been used, such as sulph. zinc, tannic acid, &c., also a sol. of nit. silver. Finally, for the gleet, a bougie dipped in bal. cop. was occasionally introduced with benefit. The inguinal glands did not suppurate, and were treated by the application of belladonna and tinct. iodine. To prevent the painful erections at night,  $\frac{1}{4}$  gr. morphia with camphor was given. At the first the patient had low diet, but it was found that he did better with a more generous fare. He was discharged December 4th, apparently well. He has subsequently (12th December) returned, perhaps from a fresh exposure to the disease.

## BOOK NOTICES.

**A MANUAL OF PHYSIOLOGY**—By J. Fulton, M.D., M.R.C.S., L.R.C.P., London. Eng., Professor of Physiology in the medical department of Victoria College, Yorkville. Adam Stevenson & Co, Toronto.

This is an octavo volume of 340 pages, and contains copious notes on all the subjects usually taught in medical schools. All points of controversy have been excluded, and quotations from other authors avoided. Great care has been bestowed on its preparation, and no space has been occupied in discussing useless theories or in propounding new ones; the great aim being to compress as much matter as possible within a small compass—in short to make the work a *multum in parvo*. It has been found to fulfil all the requirements of the medical student in his preparation for the professional examination before both College and Board, and it is eagerly sought after by those who know its value as a text-book on the subject upon which it treats. Price, net cash, \$2.70. For sale by all medical booksellers.

**THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES**; including the results of recent investigations upon the subject. By Freeman J. Bumstead, M.D., Professor of Venereal Diseases at the College of Physicians and Surgeons, New York; Surgeon to Charity Hospital, &c., &c. Third edition, revised and enlarged, with Illustrations. Philadelphia: Henry C. Lea, 1870. Toronto: Copp, Clark & Co.

This popular work on Venereal Diseases has undergone a thorough revision at the hands of its distinguished author. Many portions have been re-written, some parts have been omitted, while a great deal of valuable matter has been added; so that the present edition is much superior to any of the previous ones. Every subject is treated in a full and comprehensive manner, and quite up to the requirements of the present state of our knowledge of these diseases. It is a most excellent work, and may be justly regarded as the best authority on Venereal Diseases in the English language. The author has embodied in it all the latest views of syphilographers upon certain points relating to the pathology and treatment of syphilis.

Those portions of the work relating to chancroid and syphilis have been re-modelled and partially re-written, and the subject of the treatment of stricture and the operations of internal urethrotomy have been properly attended to. Several pages have also been devoted to the pathology and treatment of syphilitic affections of the eyes.

The book is on the whole well written, clear in style, very practical, and invaluable to the student of venereal disease.

## WINES FOR MEDICAL USE.

It is a fact not generally known that in order to ensure a good wholesome wine, it is not necessary to pay an exorbitant price, and it is equally true that it is most difficult to obtain any wine without adulteration or admixture of spirits, either of which is prejudicial to its medicinal effect.

The establishment of Quetton St. George & Co. was opened in Toronto, in June, 1869, to meet this difficulty, and to supply wines which can be warranted absolutely pure, at prices approximating as near as possible to their cost at the place of growth.

The senior partner, Mr. St. George, a gentleman well known in Canada, where he has resided for many years, had been in the habit of importing for himself and for some of his friends the wine of his own vineyards of Leugaran, near Montpellier, in the South of France, and other light wines of Languedoc. Finding how highly these wines were appreciated and the desire that was shewn to obtain a larger supply, he determined upon going extensively into the business, for which his large family connection in the principal wine growing districts of France and Spain, and his intimate local knowledge of those countries and their products, gave him special facilities. He has made arrangements in a number of choice vineyards for the shipment of wines, which are sent to his firm in Toronto, thus saving heavy expenses on the other side, and ensuring their arrival without adulteration, and at extremely moderate prices, owing to the small cost of the wine at the vineyards and the saving of intermediate profits and charges.

Quetton St. George & Co. would especially call attention to the wines of Roussillon, which possess the tonic and astringent qualities of the Oporto wines, without the adulteration which has become so generally practised in that district, as to make "Port" the designation of a compound which is far removed from being the pure juice of the grape. The Roussillon ports range in price from one dollar per gallon upwards.

The Alicante also is very delicious in flavor and has been largely recommended by their medical friends.

They have also a great variety of Sherries, including some of the finest brands in Spain; and in addition to the foregoing and other descriptions of French and Spanish growth, they import German, Sicilian and Madeira wines.

Owing to the difficulty of procuring a genuine Brandy, which can be relied upon as being pure grape spirit, they have imported, especially for medical use, a white brandy of Languedoc, distilled from wines selected by Mr. St. George himself for the purpose, and which they can therefore recommend with confidence to the faculty.

For prices and full particulars, they refer to their printed circular, which will be sent free by post to any desired address.

**QUETTON ST. GEORGE & CO.,**

Wine Merchants, 34 King Street East,

Toronto.

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Original Communications.

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CONGENITAL RANULA.

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BY J. ALGERNON TEMPLE, M.D., M.R.C.S., ENG.

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On the 7th of September I was requested to see the infant of Mrs. R., then three or four days old. On examination, I found a large semi-transparent tumor, situated under the tongue and projecting somewhat beyond the jaw. On passing my finger into the mouth, I found that the tumor passed backwards along the right side. It was about the size of a small almond, semi-transparent, very tense, and over the surface several large veins could be seen. The tumor was of such a size that the tongue was pushed upwards and backwards to such an extent, as not only to seriously impede the action of the tongue, but entirely prevented the child from sucking.

The mother stated it was there when the child was born. The family requested a certain medical gentleman to see it, and he being of the same opinion as regarded the nature of the tumor, I at once passed a bistoury into it, making a free opening. About a drachm of a clear though very tenacious fluid, resembling saliva, was discharged. There was no hæmorrhage. The tumor almost entirely subsided, so much so that the child

was enabled to take the breast easily. In the course of about two weeks the fluid had again accumulated, and the sac was as large as ever. I determined on passing a seton through it, as recommended by M. Marjolin ; but that evening the sac burst of its own accord, since which time there has been no return of the trouble, and the mouth at the present time is quite free from any tumor. The object in introducing a seton is to excite suppurative inflammation and thus close the sac.

I am induced to report this case, as I believe it to be a rare disease and may be of interest to some of your readers.

Toronto, January 11th, 1871.

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## STAPHYLOMA OF THE CORNEA.

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BY CHARLES DAVID DOIG, L.R.C.S., EDIN.

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The cornea is occasionally injured by ulcerative inflammation, and a tumor not unfrequently forms at the seat of mischief, causing much misery to the sufferer as well as materially damaging the personal appearance.

Mrs. M., about 30 years of age, native of Ireland, wife of a tavern-keeper in tolerably good circumstances, resident in Ontario and mother of several children, applied to me in February, 1870, having a bulging on her left cornea at the site of vision. The protuberance had a well-defined base, was larger than a large pea, obstructing the complete closure of the two eyelids and causing constant pain and lachrymation. Great pain was occasioned by exposure of the diseased eye to the light of the fire or a candle, the patient holding down her head and protecting her almost visionless eyeball with her hand. She could discern light but not readily, and for the purpose of vision the eye was obviously useless. Such was the state of matters at that time, and it had existed since 1867. The attack of inflammation from which the tumor took its rise, occurred about the middle of January, 1867.

With the aid of a cataract knife, scissors and forceps, the eyeball being steadied by a spring retractor, I completely removed the tumor, brought the eyelids together, and directed the patient to keep quiet for a few days. The operation was



performed on Monday morning, and in the course of the week cicatrization was completed. I saw the patient again in November, 1870. There is now quite an alteration in her personal appearance. She is able to hold her head erect, face the light of the sun, candle or fire as well as ever. There is no lachrymation or pain. The vision is of course lost, and the eyeball is somewhat smaller than the other one; but the deformity is scarcely perceptible without close inspection.

Denbigh, Ont., January, 1871.

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## PECULIAR CASE OF POST PARTUM HÆMORRHAGE.

BY J. M. PENWARDEN, M.D., FINGAL, ONT.

On the 15th of May last I was called to see Mrs. —, who was threatened with abortion, which after great difficulty I succeeded in stopping. On enquiry I found she attributed it to a fall, soon after which the symptoms appeared. About six months from that time I attended her during her confinement, found her health good, the labor natural and progressing so very favorably that I was not required to do more than support the perinæum at the proper time. After the birth of the child, pressure was made over the womb by an experienced nurse, and in a few minutes the placenta was expelled by several vigorous pains, with the loss of a moderate amount of blood only. A tight bandage was immediately put on, and she expressed herself as feeling very comfortable. At the expiration of some time, thinking of leaving, I examined her pulse and found it 115 per minute. Fearing hæmorrhage, I prepared a large dose of ergot, and as I was about to administer it, she exclaimed, "I am flowing frightfully!" I gave the ergot. Countenance soon became blanched and pulse very rapid. In a few moments she began to yawn and then fainted, rallied, again fainted, rallied and fainted again and again. Pulse disappeared and was imperceptible for nearly an hour. Pupil much dilated. During all this time the loss of blood was excessive, and apparently little less during attacks of syncope than in the intermediate times. In addition to large doses of ergot and plumbi acetat, I elevated the pelvis, lowered the head, opened the windows, lessened the coverings, unpinned

the bandage, poured cold water from a height on the womb and also used pressure and friction over it, and pressure on the abdominal aorta. All of no avail. I introduced my hand into the uterus without much trouble, found its walls rigid—hence no inertia—and the cavity partially filled with clots of blood, which with a waving motion of my hand I sent through the os. I could now feel a rivulet of blood, which on tracing to its source, I found proceeded from an opening at the upper part, through which I could barely introduce the points of my fingers. After careful dilatation combined with external support, I succeeded in introducing my hand into the second compartment, and was astonished to find it a comparatively narrow channel, extending apparently up to the epigastric region, and having its walls rigidly contracted. This irregular contraction could be distinguished on the external surface only by very careful examination. Continuing my hand upward, I came to the fundus, expecting to find some foreign substance the probable cause of the irregular hour-glass contraction, but was disappointed. On manipulating externally and internally to overcome the morbid contraction, I felt something give way. I fancied for a moment that I had done mischief, but very soon felt the fundus forcing my hand downwards, and soon after it was expelled with large clots, and from that moment the flow was readily kept in check by cold applications to the vulva. The patient in the meantime was unconscious and threatened with convulsions; but the brandy given soon revived her somewhat, although for hours she was hovering between time and eternity. I gave her repeated small doses of pulvis opii, which seemed to have a capital effect in allaying irritability and preventing excessive reaction. Convalescence was very rapid.

I have described this case at some length for the purpose of calling particular attention, first, to the advisability of always—in cases of post partum hæmorrhage—introducing the hand, and thus finding whether the cause is due to inertia, retention of after-birth, unequal contraction, deficiency of fibrinous element of blood, &c., &c., and, secondly, to the fact that some cases of unequal contraction and post partum hæmorrhage are caused by adhesions of womb to omentum or some other portion of abdominal contents; and till that is remedied by the breaking up of the adhesions, the uterus cannot normally contract and stop the

flow. I am thoroughly satisfied that in this instance the cause was due to adhesions, and that had I not succeeded in breaking them up so that the womb could normally contract and close the bleeding vessels, the patient would have died.

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## TRAUMATIC TETANUS.

BY G. D. LOUGHEED, M.D., BRIGHT, ONT.

On the 13th of December I was called to see W. Mc., aged 8 years, who had received a slight wound on the knee from an axe, the corner of which had penetrated to the bone, dividing the superior internal articular artery. I succeeded in arresting the hæmorrhage at once, by means of a compress and bandage. Called next day and brought the edges of the wound together, sustaining them by means of strips of adhesive plaster.

Heard nothing more from my patient until the 20th, when I was called again by his father, who said his boy complained of a "soreness about the throat" that morning. I found at once that peculiar expression of countenance, *risus sardonius*, characteristic of tetanus. By this time, 9 a.m., the jaws could not without difficulty be separated; pulse 130, full and strong, with a profuse perspiration. There was nothing unusual about the wound, which was not more than half-an-inch in length. Cicatrization appeared to be going on nicely, attended by little or no inflammation in the adjacent structures. On learning that the bowels had not moved since the accident, now seven days, notwithstanding the frequent administration of patent pills, I administered an enema at once, prescribing at the same time a full dose of calomel and jalap, with tinct. cannabis indica and quinine. Six hours having elapsed, two drops of the ol. tig. were given, but without any effect on the bowels whatever. Called again in the evening, found the spasms had extended to the muscles of the back and lower extremities, producing *opisthotonos* in a marked degree, the paroxysms occurring every few minutes. Ordered the constant application of ice to the whole length of the spine, together with the administration of twenty drops tr. opii, to be repeated in the course of a few hours, should the spasms continue. This gave almost instantaneous relief for

a few hours, when the spasms again set in, increasing in frequency and severity until 7 a.m., when death supervened from the complete exhaustion which followed the violence of the paroxysms, notwithstanding the support given by means of beef tea and wine.

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### CURIOUS MALFORMATION.

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On the 27th of November I was called upon to attend Mrs. McD. in her confinement, which was premature. The pains had been very severe, for upon my arrival I was told by the nurse that all was over, but that she had removed nothing. The fœtus seemed to have reached the fifth or sixth month of development, and was curiously deformed. On examination, the head at the base seemed of the ordinary size, but the vertex was deficient—there being no formation of bone above the level of the ears—and the cranial cavity was filled with fluid. The face was quite natural in appearance and the body perfectly formed as far as the pelvis, which was very small and rounded. There was only one lower extremity, the foot of which appeared to be twisted inwards. There was no appearance of genital organs or anus, but a small protuberance occupied the situation of the latter. The mother had felt nothing unusual during the early part of gestation; but she stated that she had received a kick from a cow about two months ago, to which she attributed this strange perversion of nature, and she had suffered more or less since that time. The fœtus showed evidence of decomposition. She soon became convalescent after her confinement, and is now in the enjoyment of her usual good health.

MEDICUS.

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### DIPHTHERITIS.

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BY W. S. CHRISTOE, M.D., FLESHERTON.

An interesting case of diphtheritis recently occurred in my practice, in a person aged 40. It presented at first no unusual phenomena, other than its being a purely sporadic case, no other case having occurred in the vicinity for at least three years—

during my residence here—and from my previous experience with this disease, I was induced to doubt the diagnosis, for I generally saw scarlatina either in the same family or vicinity. Whatever opinion I previously held regarding a possible co-relation between scarlatina and diphtheria, this case modified it considerably.

I can easily understand, however, why a specific poison may be so modified by circumstances, as to produce phenomena diverse in character and effect; insomuch, that superficial examination fails to discover it. Those circumstances may be climate, constitutional differences, or epidemics. I recollect well the sentiments of the late venerated Dean of Victoria College on this subject. He said: "It is not scarlet fever; there is no fever, no rash, the papillæ of tongue not enlarged, no desquamation of skin. But," he continued, "there is a mild fever, erythematous rash, papillæ somewhat enlarged, but no desquamation. Is it not, therefore, scarlet fever without rash and desquamation?"

"Epidemics when present modify disease, such as cholera, causing laxity of bowels, and likewise influenza—materially changing and modifying the usual symptoms of disease. Why, then, may not diphtheria be a modified feature of scarlatina? Dr. Williams was struck with the resemblance between scarlet fever and diphtheria."

The venerable Dean after all his research, very wisely concluded that it was difficult to determine whether malignant sore throat was or was not a modified phase of diphtheria.

I must confess I was greatly puzzled in this case. I treated symptoms, and found it glided involuntarily to that usually adopted for diphtheria—such as anti-putrescent gargles, chlorate of potash, tonics and stimulants. The patient made a good recovery from the disease proper; he was soon enabled to travel from place to place, bound sheaves in the harvest field and performed sundry other light work—but yet seemed to advance no further, his pulse denoted weakness, averaging about 90. This state of things continued for three weeks, when he complained of inability to swallow and a sense of numbness at the tips of his fingers. The paralysis increased, so much so that deglutition became extremely difficult; his teeth, using his own language, felt as pegs of wood. The ciliary muscles of the eye were so paralyzed, that he could look at nothing two minutes continu-

ously without losing his sight. The paralysis gradually extended to both hands, being more marked on the palmar surface. The lower extremities were seized in a similar manner; locomotion became partially, and subsequently, wholly destroyed, compelling him to go to bed—for, strange to say, he could move the limbs in bed with comparative ease, yet had no control over them when out. During this period of about four weeks, I gave him tonics, iron, quinine, strychnine and electricity; but whilst the paralysis of the pharyngeal muscles, eyes and teeth was quite improved so that deglutition and reading were performed comfortably, the extremities became alarmingly worse; great tenderness and pain manifested themselves in the tracts of the ulnar and sciatic nerves and branches.

I began to fear I was administering tonics irrationally, and I withdrew them for a few days. I was now called to my patient and found him greatly prostrated, pulse 120, respiration correspondingly increased—with dry, parched skin, and thirst—and inability to move hand or foot; unless he were looking at them, he could not tell you how nor where they were lying. The fever at first seemed to be of a remittent type. If I was puzzled before, I was more than a little now, to know what to do. I soon resolved, however, to treat symptoms carefully. I therefore put him on diaphoretics, liq. ammonia acetat. being the chief ingredient. This treatment was continued until all trace of fever had subsided, a period of about four days. I became satisfied that it was more symptomatic and ephemeral than otherwise. I gave him quinine and brandy for another week, when I thought I was warranted in renewing the treatment unavoidably postponed. I did so in the form of the syrup of the phosphates or iron and quinine, giving half-grain doses of nuxvomica extract twice a-day, combined with a cathartic to keep the bowels all right. The first intimation of returning power was the ability to move his thumbs slightly, then to turn his hands over, and from step to step he has improved until now, the date of my writing, or five months from the first attack of diphtheria, he is enabled to walk and perform light labor—such as feeding his cattle and attending to business generally—and is so far improved that I deem any further treatment unnecessary. There is slight cedema of the right leg, with a sense of weakness at the instep, which is gradually subsiding.

This subtle poison presents a few points inexplicable. Why, it is asked, does it primarily attack the throat, yet insidiously, slowly but surely act upon parts so distant? Echo answers why? We are directed to traumatic tetanus for illustration, and told that the poison is transmitted to distant nervous centres, causing tetanus in the one case and paralysis in the other; yet the mystery is not solved. It is stated, too, that there is some serious lesion of the peripheral extremities of the nerves. This I am inclined to believe, for the following reason: the patient in question could apparently stand a severe shock of an electric machine with impunity, when the balls were placed in the paralyzed hands; removing, however, to the wrist or arm, he was quite sensitive to the shock—and as the paralysis passed off, so he in like proportion became sensitive to it. This indicates, I think, unmistakably, nervous lesion, so much so, that the current of electricity failed to be transmitted. Another point is, that the paralysis was worse on the side opposite to the part of the throat assailed.

In this case my ability was taxed to keep up my patient's courage; hoping against hope, I assured him he would eventually recover, and that the whole question was one of time, patience and obedience. Both him and myself are gratified to find my prognosis true.

Such cases being so rare in Canada, is my only apology for sending it, with a few comments, to the *Lancet*.

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## CORRESPONDENCE.

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(To the Editor of the Canada Lancet)

SIR,—Irresponsible officials it is well known, are not as a class remarkable for being either courteous or obliging. Their official duties are either performed in an irregular slovenly manner, or wholly neglected. To this class Dr. Strange, the Registrar of the Medical Council, forms no exception. That such a man should have been elected to so responsible an office was indeed *Strange*. *Stranger* still that he refusing or neglecting to perform the duties of his office, has been allowed to hold it so long to the great annoyance of the profession.

*Strangest* of all, if at the next meeting of the Medical Council he is not called to a strict account for his unofficial and discourteous way

of transacting the business of his office. In some cases, as in my own, neglecting to acknowledge a registered letter containing registration fees, sworn affidavit and diploma, (date being on the 6th day of May, 1870), and for keeping in his possession during the same length of time documents which the law compels the practitioner to lay before him, documents, which years of the best portion of a man's life are spent in obtaining.

I am sure that every member of the profession who reads this will join me in asserting that such conduct is unprofessional and ungentlemanly, and that the perpetrator is unworthy of public position or trust.

MEDICUS.

## The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

*Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

TORONTO, FEBRUARY 1, 1871.

### ETHICS OF CONSULTATIONS.

As some enquiries have been made regarding the proper mode of conducting consultations, we beg to submit the following clause from the code of ethics adopted by the Canada Medical Association, which covers nearly all the ground :

§ 3. "In consultations, the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician or physicians should have the opportunity to make such further enquiries of the patient as may be necessary to satisfy him or them of the true character of the case. They should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place



“before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no opinions or prognostications should be delivered which are not the result of previous deliberation and concurrence.”

Medical practitioners in some parts of the country, and especially young men, have an intolerable dread of consultations, arising from the fact that too many medical men, when called in consultation, are apt to take advantage of the attending physician, who is always more or less in their power. In some cases the consulting physician endeavors to undermine the regular attendant, by trying to work himself into favor with the patient and the family, and create distrust in the minds of the friends regarding his competency to manage the case properly. A single word, an expression of the countenance, a shrug of the shoulders is sufficient to awaken suspicion or occasion distrust; and we cannot too strongly express our entire abhorrence of such reprehensible conduct. Some professional men when called in consultation, consider it as an acknowledgment of their superior skill and attainments, and therefore assume an air of dignity and importance bordering on fatuity. Such persons should never be called in consultation if it can be avoided, and the attending physician has a perfect right to refuse to meet with any medical man whom he knows to be guilty of any dishonorable practices.

An honest, straightforward man when called in consultation is always the friend of the attending physician, and instead of trying to take the case out of his hands, will make it a point to strengthen rather than weaken the confidence the patient and the friends may have in his colleague, and defend and uphold him as far as he can conscientiously, even when he may regard him as slightly in error. If such a policy were more generally adopted, there would not be that aversion to consultations which prevails in some parts of the country.

The consulting physician ought always to be very careful never to visit the patient in the absence of the regular attendant, unless in some pressing emergency; and any opinions he may wish to express regarding the case, should be put in writing and under seal, to be handed to the regular attendant on his arrival. It is always best to adhere to this rule, even where the most intimate relations or the utmost confidence exists between the

medical attendants, as any deviation establishes a dangerous precedent and may be the means of awakening suspicion or occasioning distrust.

No rivalry or jealousy ought to be allowed to mar the good effects of a consultation, and the utmost punctuality should be shown in regard to the time appointed for holding such. All discussions should be held secret and strictly confidential, and each of the medical attendants should equally share the responsibility of the success or failure of any treatment prescribed. The consulting physician should never, under any circumstances, repeat his visit, unless such visit has been urged by the patient or his friends, and with the consent of the regular attendant.

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### FEMALE MEDICAL STUDENTS.

The female medical students in attendance at the Edinburgh University, seven in number, are now complaining that they are not permitted to attend the clinics in the wards of the Royal Infirmary. The objections raised against their attendance in the wards, by the professors and students, is the inconvenience of treating certain subjects before a mixed audience of male and female students, and the male students have petitioned the managers of the Infirmary to persevere in their policy of excluding the females from the clinics. At a special meeting of the Royal College of Surgeons, Edinburgh, to consider the question of the medical education of females, it was moved by Dr. Wood and seconded by Dr. Gairdner, "That, in the opinion of this College, "it is neither proper nor expedient that males and females "should be associated together in the study of medicine, either "in hospitals or in classes." The female students maintain through their leader, Miss Sophia Jex Blake, that having secured the privilege of attending lectures, matriculating and enrolling themselves as medical students, they have a right also to attend the clinics at the Infirmary. They also contend that no objection can be raised with regard to women attending clinical teaching in the male wards, which does not apply with equal force to the instruction of male students in the female wards. The majority of the clinical lecturers are opposed to the admission of female students to the clinics; but it is believed th

difficulty will be finally overcome by the institution of separate clinics, at certain hours, for the special benefit of female students. This is certainly much to be preferred to mixed classes. The female students have met with a good deal of opposition from first to last, but, as is usual with their sex, they have come out conquerors.

As wives, mothers, sisters and dainty little housekeepers we have the utmost love and respect for them; but we do not think the profession of medicine, as a rule, a fit place for them. But if they choose to enter upon the study of the medical or any other profession which they may admire, we see no good reason why they should be denied any of the rights and privileges accorded to those of the sterner sex.

A writer in the *Medical Press and Circular*, of Dec. 28, says:—"It is very odd they don't try the pulpit or the bar, where their high aspirations might have free scope for gratification, and far more remunerative for their pockets, than this noble but ill-requited profession of ours."

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### NOTICE TO SUBSCRIBERS.

In the present issue of the *Lancet* we have enclosed our accounts for subscriptions to Vol. III., and we trust that our friends will not be remiss in remitting the small amount due. During the past six months we have borne the expense of publication out of our own pockets, and we trust that our patrons will come to our aid in the publication of the future numbers. A few have paid their subscriptions, and only a few; but we feel confident that most of our subscribers only require to be reminded of their indebtedness, and the amount will be paid forthwith. Enclose the amount in a letter, and we will send a receipt for the same by return mail.

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### NEW (?) MODE OF REDUCING DISLOCATION AT THE SHOULDER-JOINT.

Dr. Logan, of New Orleans, has written a paper, published among the transactions of the American Medical Association, 1870, on what he calls a new mode of reducing dislocation of the shoulder-joint.

The method described by him consists in laying the patient supine upon the floor, while the surgeon sits at the same level opposite the dislocated shoulder, or a little toward the feet, at such a distance that his feet will just reach the patient's body. Taking the injured arm by the wrist, the surgeon places one heel just below the axilla, taking pains not to press the head of the humerus at all with his heel, while the rest of his foot, a little everted, rests against the ribs. The surgeon then places the ball of the great toe of the other foot against the acromion process above the shoulder, taking pains not to encroach too much with the foot upon the cavity of the joint. In this position he begins to make extension, at first a little downwards, and then outwards, about at right angles to the line of the patient's body. If there is difficulty in accomplishing the reduction, the arm is brought downwards towards the feet, and pried as a lever across the heel, so as to throw the head of the bone into the joint.

The general principle of reducing dislocation at the shoulder by the above plan is not new to the profession, although some points of detail may be somewhat different from the ordinary mode of procedure.

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### SKIN GRAFTING.

The transplantation of small portions of integument for the healing of indolent and chronic ulcers, has been recently tried on a more or less extensive scale at almost all the great hospitals both in Europe and America. The success has been variable, but the weight of testimony appears to confirm the undoubted value of the operation. Mr. Pollock, of London, who was the first to introduce this operation into England, has been very successful in his experiments at St. George's Hospital. The operation was first devised by M. Riverdin, of Paris, in 1869. It consists in removing a small portion of healthy integument from another part of the body as from the chest or arms, and dividing it into small pieces about the size of a grain of rice or even less, and inserting them into the raw surface by means of the point of a sewing needle, small incisions or punctures having been made for their reception by the point of a sharp lancet or bistoury. They are then held *in situ* by small strips of adhesive plaster. The surface on which they are implanted should be healthy. Large ulcers have in this way been cured in a very short time, as every successful graft of integument is a centre around which new and healthy skin is formed. Cases are men-

tioned in which ulcers that have resisted every other treatment for years, have been completely cured in a few weeks by this mode of procedure. It has also been found highly useful in cases of burns in which the process of cicatrization has been tardy. In order that the operation should be successful, the granulations should be healthy, no fat transplanted but only skin, which must be accurately applied to the granulating surface. The new skin is kept in position without interruption and lightly covered with a layer of lint, over which is a small compress of cotton-wool and a bandage, for the purpose of keeping it warm until it grows on the part.

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Professor Williard Parker has resigned the chair of Surgery in the College of Physicians and Surgeons of New York, and is succeeded by Professor Markoe who was formerly adjunct professor of the same branch. Prof. John T. Metcalfe has also retired from the chair of Clinical Medicine. It is also stated that Dr. F. N. Otis will lecture this winter for Prof. Bumstead the author on venereal diseases, whose health is not sufficiently good to warrant him in continuing his lectures this winter.

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## RULES AND REGULATIONS OF THE MEDICAL COUNCIL OF ONTARIO.

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### MATRICULATION EXAMINATION.

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The examinations in preliminary education will be held in Toronto and Kingston, on the last Wednesday and Thursday of September, and the first Wednesday and Thursday in April of every year.

Every student must pass a satisfactory examination in the following subjects, viz :—

English language, including Grammar and Composition. Arithmetic, including Vulgar and Decimal Fractions. Algebra, including Simple Equations. Geometry, first two books of Euclid. Latin, Translation and Grammar; and in one of the following subjects, the student having the option of naming the one in which he will be examined:—Greek; French; German. Natural Philosophy, including Mechanics, Hydrostatics and Pneumatics.

NOTE.—Students are recommended to select Natural Philosophy or one of the Modern Languages.

The following are the text-books in the various branches enumerated below. Where more than one is named the student may elect which he will be examined in :—

Latin—Cæsar, *Commentarii de Bello Gallico*, first two books ; Cicero, *Manilian Law* ; Virgil, *Æneid*, first book. Greek—First chapter of St. John's Gospel ; first book of Xenophon's *Anabasis*. French—First chapter of *Telemaque* : Charles XII. German—Adler's *Reader*, first part. Natural Philosophy—Peck's *Ganot* ; Sangster's first book.

Evidence of having passed a matriculation examination in any of the medical institutions of Canada, prior to July, 1869, will exempt from matriculating before the Examiners of the Council, on payment of two dollars, provided that the various teaching bodies in Ontario furnish the Registrar a list of those who have passed prior to the above date, on or before the 20th of May, 1870, and the students of such colleges as fail to comply with this requisition, will be required to pass the matriculation established by the Council.

Graduates and matriculants in Arts in any University in her Majesty's Dominions are not required to pass the examination, but must register their names with the Registrar of the Council, and pay the matriculation fee—ten dollars.

Graduates in Medicine of any College in the Dominion, excepting those of Ontario, are exempted from passing the Matriculation Examination of the Council upon paying ten dollars, provided they can show that they have passed a Matriculation Examination in the College from which they have graduated equal to that established by the Ontario Medical Act, and completed thereafter four years of study, &c.

Every medical student shall be registered in the manner prescribed by the Council after matriculating, and such registration shall be the necessary preliminary to medical study.

#### MEDICAL CURRICULUM.

Every student, after matriculating as above, must spend a period of four years in actual professional study, except as hereinafter provided.

A student who is a graduate in Arts of any recognized College or University will be required to pass three years after graduating in attendance upon medical lectures, before being admitted to examination.

Every student shall attend medical lectures for at least three sessions of six months each.

The final course must embrace at least four subjects of six months each.

Each six months course shall consist of not less than one hundred lectures.

Every student must attend lectures in a University, College or School of Medicine, approved of by the Council, as herein provided, viz:—

*Two* courses of *six months* each upon—Anatomy, Practical Anatomy, Physiology, Theoretical Chemistry, Materia Medica and Therapeutics, Principles and Practice of Surgery. Principles and Practice of Medicine, and Midwifery and Diseases of Women and Children. *Two* courses of *three months* each upon—Clinical Medicine, and Clinical Surgery. *One* course of *three months* upon—Medical Jurisprudence, and Botany.

NOTE.—The certificate of attendance on any course is only valid when the student has attended at least four-fifths of the actual teaching days of the session, and when the Lecturer lectures on only one branch of medical science and delivers only one lecture daily; but the Lecturer on Medicine may lecture on Clinical Medicine; the Lecturer on Surgery, on Clinical Surgery; and the Lecturer on Materia Medica, on Botany and Medical Jurisprudence.

Every student must pass two periods of six months each, or one period of twelve months in the office of a “regular qualified medical practitioner,” in compounding medicines, &c.

He must attend the practice of a general hospital for twelve months.

He must attend six cases of midwifery.

He must pass the primary and final examination of the Council.

All *Students* from recognized Colleges in the United States, must matriculate, and then pass three years of their medical study, including two full courses of lectures, in some Medical School in Ontario, and attend such other course or courses as may be required to complete the curriculum established by the Council; further, that all *Graduates* from recognized Colleges in the United States shall be allowed to proceed to the Examinations of the Council, after having matriculated and passed *two* full courses of lectures in some Medical School in Ontario; provided always, that such foregoing regulation shall not affect those students who have entered upon their studies in such recognized

Institutions in the United States prior to the First day of January, 1870, but that all such persons shall be subject to the regulations in the next succeeding paragraph.

*Graduates* in Medicine from recognized Colleges in the United States of America will be required to pass the matriculation of this Council, and attend one full course of lectures in one of the Medical Schools of Ontario; and all students from such Colleges shall matriculate, attend one full course as above, and such other course or courses as may be necessary fully to complete the curriculum established by this Council.

#### MEDICAL EXAMINATIONS.

1. The examinations shall be divided into two parts, a "Primary" and a "Final;" and will be conducted partly in writing and partly *viva voce*.

2. The *Primary* Examination may be undergone at the end of the third year, and the *Final* at the end of the fourth.

3. The following branches shall be embraced in the Primary Examination, viz:—

Descriptive Anatomy; Physiology; Theoretical Chemistry; Toxicology; Botany; Materia Medica and Therapeutics.

NOTE—The general professional examinations upon Materia Medica and Therapeutics may be undergone by students at either the Primary or Final Examination.

4. The following branches shall be embraced in the Final Examination, viz:—

Medical Diagnosis; Pathology; Surgical Anatomy; Practical Chemistry; Medical Jurisprudence; Sanitary Science; Operative Midwifery; Operative Surgery and Surgical Anatomy; Materia Medica and Therapeutics; Midwifery, other than Operative; Surgery, other than Operative; Theory and Practice of Medicine.

5. The examination on the Primary branches and first eight subjects of the Final is in all respects the same for every candidate.

6. Any candidate who at his *Primary* Examination passes creditably in three or more branches, but fails in the others, shall receive credit for the subjects so passed, and be compelled to pass in the other branches only at a subsequent examination.

7. Students who intend to be examined by the Homœopathic or Eclectic Examiners in the last four branches of the Final



Examination, shall signify their intention to do so to the Registrar previous to the commencement of the Examinations, in order that he may provide means of preventing their identification by other students, or by the Examiners.

8. The next Medical Examination will be held in Toronto, commencing on the morning of the first Tuesday in April, 1871.

# FEES.

For Matriculation Examination..... \$10 00

This is payable to the Matriculation Examiner at commencement of Examination. Unsuccessful Candidates will have \$6 00 returned to them.

For Registration of Matriculation :—

1. Those examined before Council's Examiner..No CHARGE.
2. Those examined by various Colleges prior to July, 1869, if names have been reported to the Registrar by the College at which they are passed..... \$ 2 00
3. Graduates and Matriculants in Arts of recognized Colleges ..... \$10 00

For Primary Examination..... \$10 00

This is to be paid to the Treasurer of the Council before the commencement of Examinations. Unsuccessful candidates will have \$3 00 returned to them

For Final Examinations..... \$30 00

This fee is payable in the same manner as the last. Unsuccessful Candidates will have \$20 00 returned to them.

Registration, for membership and authority to practise ..... \$10 00

Registration of additional Degrees or Titles.—Each. \$ 2 00

# RULES FOR THE GUIDANCE OF EXAMINERS AND STUDENTS.

## *For Board of Examiners.*

1. In the Written Examination, each Examiner shall prepare the questions upon the subjects allotted to him.

2. The questions proposed to Candidates are to be dictated to them at the commencement of the examination upon each branch, or subdivision of branch, and are not to be circulated in printed form.

3. Each Examiner is to furnish the Registrar with a copy of the questions proposed by him at the written examination, with a view to their being ultimately printed under the direction of the Council, if considered necessary.

4. Candidates are to be instructed by the Examiners that they are not to sign their names to the papers, but to use instead, a number which will be allotted to each candidate, by the Registrar, before the examination.

5. The papers, when returned to the Examiner, are to be by him examined, and the relative value thereof marked by means of numbers, from 0 to 100, in the Schedule which will be furnished him by the Registrar.

6. The values awarded by the individual Examiners to the answers of Candidates are not to be subject to revision, except by an appeal to the Executive Committee, or (if desired) to the Council.

7. The papers on the subjects of the general examination are to be finally submitted to the whole Board for approval or rejection; and those of the special examinations (in Homœopathy or the Eclectic System of Medicine) to the Examiners approved of for that purpose by the representatives of those Systems in the Council.

8. The oral examinations are to be conducted by the whole Board of Examiners. Any member may put such questions to Candidates, upon any of the subjects of examination, as may to him appear proper.

9. The passing or rejection of any Candidate is to be decided by a vote of the whole Board.

10. The written examination shall be concluded, the answers valued by the Examiners (whose decision in the special subjects shall be final), the schedules compared, and, so far as the written examinations are satisfactory to the Board, the decision must be recorded in favour of the Candidate before he is brought face to face with the Examiners in the oral examinations.

11. The questions of the Examiners in Homœopathic or Eclectic specialities shall be dictated immediately after those of the other examiners in the same branch, and are to be taken down by all the students. But only those who have given notice in accordance with clause 7 under *Medical Examinations*, will be required to answer the special Examination papers.

*For Students when in Examination Hall.*

12. In all the subjects of Examination, each student must write down all the questions as they are dictated by the several Examiners, whether general or special.

13. The answers are to be written upon one side only of whole sheets of paper, which are to be paged and fastened together in order, by means of paper fasteners, at the top left hand corner in such a manner as to have the first page facing outwards to the view, they are then to be folded neatly and enclosed in an envelop, on the outside of which each Candidate is to write the number allotted to him by the Registrar, to whom the packet is then to be handed. Neither signature, number nor sign is to be written or marked upon any of the sheets enclosed in said envelope.

14. In using abbreviations, Candidates will take care to use only those which are generally understood, or which cannot be mistaken.

15. No candidate will be allowed to leave the Hall after the questions are given out, until his answers have been handed in.

16. No student will be allowed in the Hall during the hours of examination, except those actually undergoing examination.

17. Any candidate who has brought any book or reference paper to the Hall, must deposit the same with the Examiner, immediately before the commencement of the examination.

18. Candidates must not communicate with each other while examinations are going on, either by writing, signs or words.

19. Any infringement of the above rules will lead to the exclusion of the person who is guilty, from the remainder of the examinations.

20. Each Candidate will receive a ticket from the Registrar, which will contain a list of the subjects in which he has to pass, and which will admit him to the Examination Hall during the progress of each of such Examinations, and no other. The ticket will also have a number written thereon, which the Candidate is to use as a signature in endorsing the envelope containing answers to questions.

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A DIAGNOSTIC SIGN IN ACUTE ENTERITIS. — Dr. Stokes, of Dublin (*Cyclop. of Prac. Med.*), first noticed the following sign characteristic of this disease:—Toward the right of the umbilicus, it is not uncommon to find a marked pulsation, as if from throbbing of the abdominal aorta or of its large branches.

## Selected Articles.

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### REMOVAL OF A PESSARY FROM THE BLADDER.

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BY LEVIN J. WOOLEN, M.D.

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Mrs. W., an invalid for some six years, had during that time been under the care of different physicians, all of whom treated her for some form of uterine disease. The os and cervix uteri had been cauterized with different agents, and many kinds of pessaries had been used to support what was supposed to be a prolapsed womb. So far as I was able to ascertain, she never at any time had displacement of the uterus; but there was this peculiarity about her case: at times, having no reference whatever to her menstrual periods, she would be seized with bearing-down pains, resembling in force and character the pains of active labor, which would readily yield to what she was pleased to term a replacement of the womb. It was therefore thought advisable by the physician in attendance to resort to pessaries, and being disappointed in the use of the ordinary kinds he finally procured one of the "horseshoe" pattern, and in attempting to place it in a proper position to support the uterus, had the misfortune to push it through the urethra into the bladder.

I saw the patient some six hours after the accident happened and found her suffering with severe bearing-down pains, the paroxysms of which would last about five minutes, with intervals of ten minutes' rest. She told me that the pains were becoming harder and more frequent, and thought they were due to the presence of the instrument in her womb; for as yet no one had ascertained the precise locality of the missing pessary. Finding, on examination, that the os uteri was closed, I concluded that the instrument was certainly not contained within that organ. Exploring the walls of the vagina with my finger, I detected a hard substance within the bladder. On introducing a male catheter, in lieu of a sound, I found no difficulty in striking the pessary.

With such instruments as I had at hand I attempted dilatation of the urethra and extraction of the foreign body. In these attempts, however, I was unsuccessful, and yielding to the solici-

tations of the patient and her friends, I made an incision into the urethra, commencing at a point half an inch behind the meatus and extending to the neck of the bladder, some of the fibres of which were divided. The pessary was now readily removed; a gum catheter was left in the urethra, and the patient ordered to keep perfectly quiet.

The wound in the bladder failed to close; and the patient was rid of the pessary at the expense of a vesico-vaginal fistula and partial incontinence of urine. I attempted to cure the fistula by two successive operations. The first was a total failure; the other only partially successful, union occurring at two points, thus converting one large fistula into three smaller ones. The patient died, three years after the accident, with some disease the nature of which I could not ascertain.

REMARKS.—The report of a case is valuable in so far as it teaches new facts or enables us to correct error. I shall examine a few points connected with the foregoing case, believing that they afford lessons of practical utility.

*First.* The proper introduction of a "horseshoe" pessary is not as easy of execution and as free from danger as may have been heretofore supposed. The physician in whose hands the unfortunate accident above mentioned happened is certainly not a rash one, nor was he altogether inexperienced. Precisely how the mistake occurred seems to him at least a mystery.

*Second.* With regard to the method of extraction, it may be argued that the pessary should have been withdrawn through the urethra. At the first glance such an opinion is certainly plausible; for as it was originally forced along the urethra why not extract it through the same channel? The peculiar shape of the instrument rendered its removal in this way utterly impossible. Whether I should have succeeded better had I had the instruments needed in the operation is, I think, at least doubtful. The shape of the pessary became an insurmountable barrier to its removal through the urethra. When, for instance, one of the extremities of the instrument was brought to the internal orifice of the canal, other parts would be pressing against the tissues in such a manner that no further advance could be effected. I therefore, after a long, faithful, and tedious trial, gave up all hope of extracting the pessary *per urethram*, and so I proceeded to incise the canal.

*Third.* Was the operation properly performed? In the main I think it was. Believing that the case would undergo legal investigation, I operated according to the books. Selecting the plan laid down by "Gross on the Urinary Organs" as having been successfully practised by Dr. Baker, of New York, I aimed to follow the directions there given to the letter. One step of the operation, however, I am inclined to think was not properly performed. Having no probe-pointed bistoury at hand, save one that was curved on the sharp, I necessarily divided the fibres at the neck of the bladder somewhat freely. Were I again to operate for the same trouble I should take good care not to injure any of the tissues at that point. The difficulty of extracting the pessary being due almost entirely to its *shape*, I now think that by cutting down to the neck of the bladder, *and no further*, I might have withdrawn the instrument without much difficulty.

*Fourth.* Was the after-treatment correct? By no means. And here I venture to say that the advice laid down in most books is radically wrong. The books to which I have had access direct that we should leave a catheter in the bladder and enjoin perfect rest on the part of the patient—quoting exceptional cases to prove that union of the divided parts will occur, and the patient escape fistula. Further on, they tell us that to cure fistula we must pare well its edges, bring them together in perfect apposition, and maintain such apposition by ligatures properly applied. Why not say that the ligatures should be applied as soon as we have extracted the foreign body? Surely never again can we have such perfect apposition. The hand of the surgeon, wielded with ever so much skill, cannot pare the edges of a fistula so that they will fit as accurately as when first divided; for he who has placed a knife against the hardened edges of a urethro-vaginal fistula, knows that to pare them well is both a difficult and tedious task.

The expulsive pains heretofore alluded to proved a very formidable obstacle to the success of my attempts at closing the fistula. To them and to the resulting difficulty of retaining a catheter in the urethra—the instrument escaping the second day after the operation, during the absence of the nurse, and remaining out some twelve or fifteen hours—I attribute the partial failure of my second operation.

[The above is the fifth recorded case of the introduction of the open-lever pessary into the bladder—Dr. H. R. Storer having reported two, Drs. T. O. Edwards and Byford each one.]

The following, from the *Journal of the Gynæcological Society*, is Dr. Storer's report:

In commenting on a case reported to the Gynæcological Society, of Boston, by Dr. Edwards, in which a physician introduced a Hodge's open-lever pessary into the bladder, and for its removal resorted to incision and force, with the result of much subsequent suffering, and a persistent vesico-vaginal fistula, Dr. Storer remarked: "It would be supposed by many that the accident was almost an impossible one to occur in skillful hands. This was, however, a mistake. In the two cases which he had conducted, the previous attendants were gentlemen who were familiar with their art. The truth was, that those who were constantly using pessaries became almost too expert; their very adroitness of itself engendered a species of carelessness. It was easy to see how, in the case of an unmarried woman with a narrow vulval opening, and sensitive at that, the point of one of the lateral rods of the pessary might become engaged within the orifice of the urethra; entering a short distance, and receiving the over-twist motion or semi-rotation, it might easily escape from the grasp into the vesical cavity. He believed it was very much easier thus to introduce than to remove it, and that, as he had indicated when putting the first case of the accident upon record, the only feasible method of removal was by the way the pessary went in—through the urethra. Dr. Byford's case received additional interest from the fact that the patient was pregnant; the pessary remaining within the bladder for three months, and was finally removed without interfering with the progress of gestation. As to the proper method of introduction of the horse shoe pessary, there was a frequent want of understanding upon the part of physicians. He had known instances where, instead of introducing one limb first and swinging the instrument by semi-rotation into its place, the cross-bar had been forced squarely in, just as in the case of the closed lever; whereas, in fact, the largest horse-shoe, properly introduced, could easily pass through an opening that would not admit the smallest closed lever, as was seen in these bladder cases."—*American Practitioner*.

NEW OPERATION OF EMBRYOTOMY BY THE WIRE-  
ECRASEUR.

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Abstract of a paper read by Dr. Robert Barnes, at the British Medical Association, August, 1870. [*British Medical Journal*, October 1, 1870.]

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Dr. Barnes demonstrated his new operation of embryotomy by the wire-écraseur, using a rachitic pelvis measuring about two inches in conjugate diameter, and an ordinary-sized fetus. The head being perforated, he twisted off a portion of the parietal bones by his craniotomy-forceps, the object of which proceeding is to destroy the arch of the cranium and the sphericity of the head. This makes the throwing the loop of the wire over the head more easy, and obviates its riding off when the screw is worked. It was seen that the wire loop could be passed through the smallest chink, and, when it had seized the head either over the lower jaw or occiput, that it was instantly buried in the skull when the screw was worked. In this lay one great superiority over all other methods of embryotomy, there being no contusion of the mother's structures, all force being expended upon the fetal head. The wire went through the base of the skull without difficulty, making a clean bisection of it. The free section being taken away by the craniotomy-forceps, the portion remaining attached to the spine was then seized by the craniotomy-forceps and extracted without the least resistance. Dr. Barnes said it would be quite as easy to operate in a pelvis much smaller, and, if necessary, to make two or more sections of the head. The extraction of the shoulders and trunk was effected by taking off each arm at the shoulder by hook or scissors, cutting through the ribs with scissors, so as to make the trunk collapse, and then extracting by craniotomy-forceps. The whole operation was completed in less than half-an-hour. Dr. Barnes expressed his conviction that, provided there was room at the outlet of the cavity of the pelvis to allow of manipulation, there was hardly any degree of contraction at the brim that would baffle this operation.—Dr. Keiller (Edinburgh) asked Dr. Barnes if he had performed the operation frequently.—The president had never done it at the bedside. He had performed it before his classes; but he was confident that it was feasible. Dr. Keiller



saw a very great difficulty in performing the operation at the bedside. He could not imagine that the head of the child could be broken by the operation which Dr. Barnes had described. He knew the difficulty of extracting a child from a narrow pelvis; and he said that the operation of the *écraseur* could not possibly deliver a child from a narrow pelvis, on account of the pressure of the soft parts and the condition of the mother. Generally, in cases of narrow pelvis, they had to contend against a contracted uterus; and the great difficulty was to get a sufficient quantity of bone extracted. The objection to the wire-*écraseur* was, that it was very apt to displace the head. He did not think the operation would be safe. The great difficulty was the base of the skull; and with a small pelvis it was difficult to keep the soft parts in the least possible diameter. He would have been glad if Dr. Barnes had told the members of a case successfully performed by the *écraseur*.—Dr. Gibson said that, in an operation such as Dr. Barnes had performed, he would suggest that it was peculiarly necessary that the chin be brought a little down, in order that the base of the cranium might be readily brought through. In removing the head they would get a better slice by first breaking through the occiput.—The president was persuaded that the operation was easy. One recommendation was, that it entirely saved the mother's parts. When the wire was brought over the child's head, the mother's parts were not injured. He thought it strange that an experienced operator should think it necessary to bring down the occiput. When once the base was perforated, there was nothing to resist extraction.

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## EXTERNAL PRESSURE TO THE UTERUS IN LABOR.

BY W. S. PLAYFAIR, M.D.

In 1856 Von Ritgen suggested the employment of external pressure on the uterus as an adjuvant in cases of powerless labor. In 1867 Kristeller carried the suggestion into practice, and published a number of cases in which he had found it of use.

The object was, to *push* the presenting part through the pelvic canal in cases in which the forceps would otherwise be

required to *pull* it through ; to apply, in fact, a *vis a tergo* instead of a *vis a fronte*.

This proposal has met with but little attention in this country ; and the only author who, as far as I know, refers to it, is Dr. Barnes, in his recent admirable work. He says with regard to it : " This resource, then, should not be lost sight of. " In certain cases it may obviate the necessity of using the forceps ; or it may stand you in good stead when instruments are not at hand."

It is certain that the advantages to be derived from external pressure are not yet widely known or recognized ; and as I have now received very material assistance from it in many cases of lingering and powerless labor, I believe it may not be without interest to state briefly the result of my experience on this point, especially as I do not know of any published cases in this country in which its use had been described.

The class of cases in which external pressure is likely to prove serviceable is of very frequent occurrence—viz., in which the presentation is natural, and the pelvis roomy, but in which delivery is retarded, simply from deficiency or absence of uterine contraction. These are the cases in which resort to the forceps is so often essential, in which the head has passed well into the pelvis, possibly descended as low as the perinæum, and in which apparently but one or two good pains are required to complete the delivery.

Firm pressure, applied under such circumstances, may act in two ways :—First, and most commonly, it may merely stimulate the sluggish uterus to increased exertion, just as firm pressure after delivery will cause a relaxed uterus to contract. In this way, pains that are feeble and ineffective may be rendered strong and useful, and a natural termination may result when artificial assistance might otherwise be required. I have of late been frequently in the habit of thus stimulating the uterus, and I feel certain that I have in many instance greatly shortened the progress of a labor that threatened to be long and tedious. It is, indeed, often curious to observe how rapidly the pains increase in force and duration, under the stimulation of gentle and steady pressure at the commencement of each pain. The following case may be taken as a good example of the beneficial effect of pressure applied in this way :

Mrs. —, about 35 years of age, the mother of several children. Labor commenced at noon on the 23rd of February, 1868. The pains were at long intervals, feeble, and of short duration. At 3 a.m. on the morning of the 24th the membranes had been ruptured for several hours, and the os was fully dilated. The pains were now more frequent and regular, but they had no effect in causing the head to pass through the brim. It remained partially engaged, but always receded in the intervals between the pains. After waiting for some time, it seemed as if the forceps would be required. Von Ritgen's method was now tried. The patient being laid on her back, and the hands being spread out on the sides and fundus of the uterus, firm downward pressure was made in the axis of the brim at the commencement of each pain. The good effects of this manœuvre were very striking. The first pain was manifestly increased in strength and duration, and the head was felt to advance decidedly as it was pushed down. The contractions now increased greatly in force, and in about six pains the head was expelled. It was in the third position, and the rotation of the occiput forward was readily made out as it descended. The child was of immense size, and living. The mother made a good and rapid recovery.

This may be taken as a typical example of the most usual effect of pressure—viz., to stimulate the uterus to increased exertion; and I believe it to be a far more effective and safe agent for this purpose than ergot.

Secondly, it is sometimes possible to push out, as it were, the fœtus in the entire absence of uterine pains. I presume that cases suitable for this must be rare, and that, as a rule, extraction by the forceps is to be preferred. Still, the following case may be taken as proving the possibility of occasionally effecting delivery in this way:

—, aged twenty-five, a lady of great delicacy of constitution, was pregnant of her third child. She had suffered a good deal during gestation, was immensely distended with liquor amnii, and for some months had been almost entirely confined to her sofa. Her labor commenced on the 10th of August, 1870. During most of the day she had feeble pains, and at long intervals. At 10 p.m. the os was only slightly dilated, and the head was felt to be presenting. The pains got somewhat stronger at 3 a.m., and at 4 a.m. the membranes ruptured, an enormous

quantity of water being discharged. At 6 a.m. the os was fully dilated, and the head was engaged in the brim in the first position. The pains were now scarcely worthy of the name. At short intervals there was a barely perceptible hardening of the uterus, which disappeared almost as soon as it was felt, and had no appreciable effect on the presenting part. I was informed that ergot had been administered with advantage in a former labor, and I gave her a full dose without any good result. After waiting till 11 a.m., I began to despair of any progress. The slight contractions previously felt had disappeared, or nearly so, and I made up my mind to apply the forceps.

The husband, however, objected so strongly to any instrumental interference that I determined to try the effect of pressure, although, in the uterine contractions, I scarcely expected any beneficial results.

Spreading the hands over the uterus in the usual way, I made firm downward pressure at intervals of from five to ten minutes. The effect was more favorable than I had anticipated. With each application of the pressure the head was felt to descend, and in about three-quarters of an hour it was distending the perinaeum. Now for the first time some slight contraction was felt, and the head was soon expelled. The child was born alive, and the mother made an excellent recovery.

A case of this sort is no doubt quite exceptional, and I should generally prefer under such circumstance to apply the forceps. Still it may serve to illustrate Kristeller's statement that external pressure alone is capable of effecting delivery. It is, however, as an adjuvant in cases of lingering labor, and as a means of stimulating a feebly-contracting uterus, that pressure promises to be of service. I need hardly add, by way of caution, that gentle but firm pressure in a proper direction is to be used, and that all rough handling of the uterus is to be avoided. The pressure can be most readily applied with the patient lying on her back, but this is by no means essential, and I have constantly used it in the ordinary position on the side, and without disturbing the patient.

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PHOTOGRAPHY OF THE SUN.—Prof. Young, of Dartmouth College, has succeeded in photographing one of the protuberances on the sun, a scientific feat often before attempted, but never accomplished. The operation was performed with a telescope, assisted by a spectroscope.

AN ARMY OF DOCTORS.

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Seventy-four thousand doctors! Think of it. All this number in our country, according to the present census, unless the newspapers inform us falsely. In 1860 there were fifty-five thousand—an increase of 19,000 in ten years, or nearly two thousand a year!

Ought not these figures to “give us pause?” Reflect a moment what an army they would make, even in this day of big armies; or what a city they would form, larger than any in many of the oldest States.

Or, look at it again from another point of view. What a mint of money it takes to support this army! Probably we are within the mark when we calculate that the average income of the 74,000 from practice is a thousand dollars a year each. This makes \$74,000,000 a year, which the sick pay for medical advice. For their medicines it is safe to say they pay the odd \$26,000,000, which remains to make up \$100,000,000 a year, as what sickness costs the American people. And in this calculation we have left, altogether, out of account the tons and hogsheads of quack medicines, which this misguided people pour down their throats. We could safely estimate that at \$25,000,000 a year more.

As we are economical in spirit, would it not be well to save some of this? Can it not be done? Let the people study these figures a while, and then reflect that probably one-half, or certainly a large fraction of this expense, is incurred by a deliberate infraction of the laws of health; that if they tippled less, smoked less, overworked less, were less given to lechery and wantonness, ate slower, exercised more judiciously, were less “fast,” and less self-indulgent, they would save some thirty or forty millions a year. When hygiene is at a loss for any other argument, she can appeal to frugality, and statistics will show that the appeal is a wise one.

Making money is in America the “chief end of man”—as the Westminster catechism has it. Plenty of advisers are ready with their wise saws to tell how it can be accomplished. We are one of them, and offer a saw quite as true and less trite than any of them, and it is this—keep healthy. Living in the midst of a commercial mart, and in the thick of the desperate conflict for

wealth, we have seen many a hero in the fight lose all for the want of health, lose it, perhaps, just at the moment when a month or two more of work would have made a fortune.

It is said that when Alexander VI. died, his son, the famous Cæsar Borgia, had every provision made to seize the supreme power and make himself master of Italy, that he had every possible contingency guarded, but one, and that was his own physical inability to take advantage of the crisis. But sickened to threatening illness, by the same poisoned wine which killed his father, he lost his chance and died defeated, an exile and a captive. It were well if many an American business man took warning by the moral this fragment of history conveys, and would remember that the labor of life may be lost by the preventable illness of a week.—*Medical and Surgical Reporter.*

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### HYGIENIC TREATMENT OF DISEASE.

Side by side with the use of medicine, and not second to it, is the so-called hygienic treatment of disease—the study and regulation of the vital forces. The influence that the physician exercises over the mind, and through the mind, over the body; the soothing or the stimulation of the nervous power; the calming of exaltation or the stirring up of apathy; the quieting of the over busy brain or the spurring of the flagging will; the repose of over-used powers or the awaking of suspended vital functions; the subduing of the over sensitive skin or the stimulating of it where wan, muddy, and lifeless; the limiting of supplies to the over-fed frame or the repair of the wasted body by the proper kinds of foods and stimulants; the bringing into play, and so again into existence, muscle that had become wasted and paralyzed by disease; these are among the aims the physician seeks to accomplish, and these are among the means which he seeks to accomplish, and these are among the means which he seeks to employ irrespectively, but by no means necessarily, without the use of medicine; these are among the agencies which you hold in your power in the treatment of disease, and that you, each of you, exercise daily in coping with the various forms of malady, of ailment, and of constitution.—*Lancet.*

THE COUNTRY PRACTITIONER.

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In an intercourse extending over many years with professional brethren both in the city and country, we have often felt how unjust is the appreciation of country practitioners, as a class, not merely by the public but by the medical men who have been trained and reside in the commercial centres.

As a rule, the country doctor is a better educated man than his neighbors; he has seen more of men; he knows their physical and moral nature better, he has daily opportunities to watch them in the great crises of life; his sympathy is educated by the frequent sight of suffering; he has learned the deep ingratitude as well as the warm thankfulness of the human heart. His life is a hard and a poorly paid one; and hard as it is, he often does not insist on the reward which he could obtain. How often do we hear of such a one that "he is not a good collector."

Such experience and such training do not tend to make a man as sharp in money matters as his neighbors; but it refines and cultivates the better portion of his nature. Who can estimate the amount of unobtrusive charity which country practitioners do every year? There is no possibility of sending the penniless applicant to some other doctor. There is no "physician of the poor" who has it a paid duty to attend them.

At all hours and in all weathers, to rich or to poor, to the grateful and to the thankless, the country practitioner must render his services; and he does it cheerfully and willingly.

The solitary education of the heart and intellect makes them a distinctive class. In no other do we find stronger and more independent views, verging, we grant, occasionally to dogmatism, but, considering their lonely study, wonderfully rarely. The scientific knowledge of these men usually perishes with them, a fact much to be regretted, for this knowledge is not the teachings of the schools, but of closely weighed experience.

It is not enough considered, and yet it is strikingly true that many of the most beneficent discoveries in medicine, surgery, and physiology have been by country practitioners, men who, in the retirement of rural life, devoted their spare moments to study and reflection on the human economy. For ourselves, the most original and bold thinkers, and some of the most skilful combatants of disease we have ever met, belonged to the class of

whom we are writing. They care less for theory than for practice; less for words than for facts, and undisturbed by the advocacy of therapeutic principles, they learn more of therapeutic possibilities.

We have always wished and urged upon this class of men to communicate more freely than they are wont the results of their labors. We have always felt that it is a duty for them, and one the performance of which will benefit the cause of medicine and consequently of humanity, and reflect credit upon the American profession; and we now repeat and emphasize that wish.—*Medical and Surgical Reporter.*

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## A NEW STETHOSCOPE

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Dr. H. J. Wiesel, of Wheeling, presented to the notice of the West Virginia Medical Society a stethoscope, composed simply of a wooden ovoid cylinder, one and a half inches deep. One end is covered by a cushion to fit the irregularities of the head, and an elastic band is passed around the forehead to hold it in its place. He claims for it the following advantages:

1. *It is portable.*—The Laennec and Canman Stethoscopes are both large and unwieldy, and cannot easily be carried in the pocket. This is small, and it is proposed that the space it occupies shall be further economized by fitting into it a small case, in which shall be carried either the vaccine materials and lancet, or the hypodermic apparatus, or both, if possible.

2. *It does not obstruct the ear.*—In the Canman Stethoscope, the ear is unnaturally filled up by the ear-piece, which diminishes the calibre of the meatus one-half to three-fourths. And in the Laennec instrument, as well as in the immediate method, the tragus of the ear is pushed over and into the meatus; in every case more or less obstructing the flow of sound. My instrument leaves the ear in its natural condition, and unobstructed.

3. *It excludes all mechanical sounds.*—The Canman Stethoscope has a roaring sound of its own, which it is oftentimes difficult for a beginner to separate from the pectoral sounds, and, even in the hands of the adept, leads to confusion, and prevents the recognition of fine delicate sounds. In the immediate meth-



od, where the tragus is always pushed into the auricle, there is also an artificial sound produced. My instrument fits over the external ear, and gives rise to no confusing sounds.

4. *It combines the mediate and immediate methods of auscultation.*—It presents the advantages of the immediate method, because the ear lies close to the chest, while it protects the physician from the objections offered by modest females or a dirty shirt. It, at the same time, gives the advantages of mediate auscultation, inasmuch as it slightly intensifies the sound, or, at least, conveys it to the ear in its purity.—*Pacific Med. & Sur. Journal.*

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## THE CAUSE OF DR. SIMPSON'S DEATH.

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Long a martyr to rheumatism, Sir James was about two months ago laid aside from active duty by a severe attack of *angina pectoris*, which recurred at uncertain intervals, and was accompanied by dyspnea, and latterly by some degree of dropsy. Though great danger was apprehended from the first, the issue was long and doubtful, and, up to a few days before his death, it was hoped that his valuable life might still be spared for some time, though a restoration to perfect health could not be expected. The end, however, was nearer than was supposed; and after a few days of unconsciousness, he quietly breathed his last at ten minutes to eight, on the evening of Friday, the 6th of May. At the necropsy, the source of his sufferings and the cause of his death was found to be a large, dilated, fatty, heart, globular in shape, and weighing eighteen ounces. At the apex of the left ventricle, the wall of which was thinned, an aneurism about the size of a pigeon's egg was discovered; all the other organs of the body were fatty. The arteries of the brain were atheromatous in a high degree. The brain itself, that imperial source of all his restless mental activity, was found to be by no means large; it weighed only fifty-four ounces, and was consequently but little above the average of forty-nine and a half ounces. It may be remembered that the brain of Cuvier weighed sixty-four ounces, and that of Abercrombie sixty-three, so that Simpson's brain forms rather an exception to the rule, that men-

tal power depends upon the size of brain. On the other hand, it formed a remarkable example of the perhaps more incontrovertible fact, that mental vigor depends upon the number of the convolutions and the quantity of grey matter; for, on being exposed, the brain presented an appearance not soon to be forgotten by those who were privileged to see it, in the apparently increased number of the convolutions, and their great size and development.—*Edinburgh Medical Journal.*

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#### TREATMENT OF DIABETES MELLITUS, BRIGHT'S DISEASE, FATTY DEGENERATION, ETC., WITH PURELY MILK DIET.

Arthur Scott Duncan, M.D., in quite a lengthy dissertation extending through three numbers of the *Lancet*, most strongly advocates the use of skim milk in the treatment of these several diseases. He claims that it is superior to the exclusively meat diet of Dr. Rollo, from the fact that it is not objected to by the patient, but is relished, especially at the outset, when the thirst is intense.

To be successful in its use, it must be persevered in, all other articles of diet being excluded until convalescence is established. The use of milk twenty-four hours will produce marked improvement; the quantity and density of the urine fall, thirst and voracious appetite disappear, the skin becomes moist, and perspiration is re-established, the troublesome nervous symptoms are abated, and refreshing sleep succeeds to the previous sleepless, restless condition, rendered intolerable by the incessant thirst. In two cases this rapid improvement was noted. In another, with this remedy only, the urine, at the end of three days, fell from 23 pints sp. gr. 1038 to 6 pints sp. gr. 1038. So that there was a decrease of 17 pints of urine and a proportionate amount of sugar. Other prominent symptoms of the disease were also changed for the better.

Milk is better than animal diet in diabetes, from the fact that casein, being a primitive albumen, is infinitely superior as an agent of nutrition, to the albumen of muscle, which has been highly organized for an important vital function. Besides, the sugar of milk is altogether innocuous in this disease, as has been shown by experiments.

The success of the milk treatment in diabetes shows that it is not necessary to restrict the amount of fluid taken by the patient. The thirst bears a definite relation to the quantity of sugar voided, and subsides as the latter is reduced. All of Dr. Duncan's patients were kept on skim milk until convalescence had been somewhat advanced.

Two cases of Bright's disease are recorded, in which skim milk diet was resorted to. The urine, before treatment, was scanty, highly albuminous, with sp. gr. of 1010. Five pints of skimmed milk were ordered to be taken, in divided doses, each day; all other articles excluded. A diuretic of twenty grains of acetate of potash and twenty minims tincture digitalis were also ordered to be taken three times per day. This course was persisted in for two weeks, when all traces of albumen in the urine had disappeared. A tonic of quinia and sulphate of iron, with a moderate quantity of brown bread for each meal, with the milk, was continued for a month, when one of the patients was discharged cured. The other patient eating, clandestinely, starchy food, had a relapse, through which he was brought by exclusive milk diet. In nine months, under bad hygiene at his own home, the disease was gradually reappearing.

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## PATHOLOGY OF EPILEPSY.

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THE *British Medical Journal*, in the numbers of June 4th and 11th, publishes a paper on this subject by J. Thompson Dickson, M. B., etc., Medical Superintendent of St. Luke's Hospital. The following is an outline of his theory:

Epilepsy is a contraction of the cerebral capillaries and small arteries. The order of its stages is: cerebral irritation, either direct or following exhaustion; contraction of arteries; cerebral anæmia and consequent insensibility.

Muscular contractions and the phenomena of epilepsy are secondary, not essential or constant, and result from defect of innervation.

Loss of consciousness is generally admitted to be the first subjective phenomenon—called by Trousseau the pathognomonic sign of epilepsy.

The condition of anæmia has only recently been noticed. Congestion of the vessels of the face and neck is secondary, and probably compensatory of the internal anæmia.

Schroeder and der Kolk, Trousseau and Brown-Sequard, testify that, when animals have died or been killed during a convulsive seizure, their brains have been found exsanguine.

However cerebral anæmia may occur, whether from pressure or wounding, unconsciousness results. An animal bled to death passes through all the stages of epilepsy.

Pressure on the cerebrum or wounding of its substance produces contraction of its arteries, while those of the medulla oblongata at the same time dilate and are congested. This does not arise from the blood passing from the brain to the medulla; but, the circulation being checked through the brain, the proximal arteries have more blood to send to the neighbouring structures.

However anæmia of the brain may be produced, there is a tendency to convulsions: whether by sudden or gradual depletion (the latter exemplified in menorrhagia); or by distant local hyperæmia (exemplified in the effects of intestinal worms and dentition of children).

*Apropos* of epilepsy, one thing is to be considered: that currents traverse the nerves only from the periphery to the centre. The *modus operandi* is the same in epilepsy generally, whatever be the exciting cause, and cases marked by the *aura epileptica* may be taken as the type. A certain sensation commences at the periphery, or with one of the organs of special sense, and runs toward the brain, ending in unconsciousness. The peculiar sensation is, the final and imperfect current conveyed from the periphery to the exhausted centre.

He sums up with the following conclusions:

"1st. The essential condition of epilepsy is contraction of the small arterial vessels and capillaries.

"2nd. The occurrence of the contraction is sudden.

"3rd. The duration of the contraction is variable. \* \* \* \*

"4th. The cause of the contraction is irritation, which may be direct, but is frequently remote, and the result of a variety of causes. \* \* \* \*"

"The phenomena corresponding with the conclusions we have adduced are:

"1 and 2. With the contraction of the vessels we have loss of consciousness, always sudden, though the patient may have some warning of the attack through the medium of the irritation by which the attack is brought about.

"3. The duration of the loss of consciousness will vary with the continuance of the capillary and arterial contraction."  
\* \* It may be momentary, or profound and prolonged. In respect to unconsciousness, there is no essential difference between *le petit mal* and *le haut mal*: the distinction consists in the muscular manifestations.

Epilepsy, then, "is loss of consciousness, the result of contraction of the cerebral capillaries and smaller arteries, induced by irritation either direct, or secondary to exhaustion."—*New Orleans Journal of Medicine*.



A CONVENIENT NIGHT URINAL.—Last year I had occasion to test a variety of night urinals in a case of atony of the bladder in the male, and found them inefficient in conducting off the urine, and in keeping the bed dry and free from the disagreeable odor in such cases. "Necessity is the mother of invention," and I procured a sheath of gold-beater "condom," cut the end off and made it fast to a rubber-tube about  $\frac{3}{8}$  of an inch in diameter and some three feet long; passed the condom over the penis, and the rubber-tape beneath the scrotum, to retain it in place; made a slit in the mattress a little below the middle of it, through which the tube was passed into the night vessel beneath the bed, where the urine found its way as fast as it was secreted, without very much inconvenience to the patient. He could turn upon either side and in a short time became accustomed to its use, and was made so comfortable by it that he often referred to it in the highest terms of commendation.

It costs about sixty cents, and is in every respect superior to the \$3 and \$8 urinals designed for such cases. Of course, an ingenious manufacturer would improve upon this, by having the sheath pass over the scrotum, and all one continuous tube.

I enclose one to you, which you will find a cheap and excellent device, and which will answer very well for a night urinal.  
—*Med. & Sur. Reporter*.

## TREATMENT OF CHANCROIDS.

BY DR. CHAS. C. SHOYER, OF LEAVENWORTH, KANSAS.

I have been most successful in the treatment of chancroids by the following plan. I apply subnitrate of bismuth as a dusting powder with tannin (but do not think the latter essential) as follows:—R Bismuthi subnit. 1 oz.; tannin 1 dr.—M. S. Apply night and morning. I also apply an ointment of the same, bismuth. 2 drs.; adeps. 1 oz., on lint or old linen, to prevent contact of the surfaces. Internally, the following:—R Ferri et potass. tart.  $\frac{1}{2}$  dr.; potass. chlorat.  $\frac{1}{2}$  dr.; aquæ 4 oz.—M. S. One-half teaspoonful before meals. The worst cases recover in five days. I order the parts washed with soap and water twice a day, and then dusted; afterwards the unguent applied on cloth.

## HYPODERMIC INJECTIONS.

Hypodermic injections of various kinds are now so frequently used, and the operation appears so superlatively easy, that we are somewhat apt to forget how much the comfort of the patient may depend upon the maker of the instrument used, and upon the manipulation of him who uses it. Whatever form of syringe be employed, good needles and suckers are the first desiderata. Gold and steel needles are used; but we have little hesitation in recording that those made of the latter metal are the best, if very fine and delicately pointed. Only those who have been the subjects of operation with needles of various kinds, can properly appreciate the skill of the accomplished workman in this matter. Too much care cannot be employed in the making and fitting of suckers. Strongly acid injections are frequently used, the action of which no suckers will long withstand; and as it is necessary that these suckers should be renewed at frequent intervals, it is also equally necessary that the workmanship should be perfect, so as to insure perfect accuracy as to quantity of injection. The working of the instrument is specially worthy of attention. A faultlessly clean syringe, a very fine and sharp needle, well oiled, are necessary items. The point of the needle

should be introduced with the opening downwards, and the piston, whether plain or screw, should be depressed gently and at regular intervals; for the quick and forcible introduction of any fluid under the skin is always irritating, and often very painful indeed. The needle should be withdrawn gently, and without any rotatory movement, and the wound of the skin closed with the finger for a minute or two after the operation.—*Lancet*.

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**NEW ANTISEPTIC.**—Mr. John Gamier recommends (*Lancet*, Sept. 3rd, 1870) the hydrated chloride of aluminium as possessing extraordinary value as a general antiseptic—"indeed, as a substitute for the very poisonous solutions of chloride of zinc; the caustic carbolic acid, which from its smell cannot serve for many purposes; chloride of lime, which involves the most unpleasant fumes when used in water-closets or elsewhere; the permanganates, which stain; and sulphurous acid, which cannot be conveniently used in hospitals or in the sick chamber."

The new antiseptic, which Mr. G. terms *chloralum*, is non-poisonous, entirely devoid of unpleasant smell, and may with perfect safety be used for the preservation of edible articles, such as meat, fish, etc.

For ordinary disinfecting purposes solutions varying from 1006 to 1010 specific gravity, are quite strong enough. It is quite harmless to vegetation.

"In the dead house, the dissecting-room, museum, and laboratory, chloralum will be found invaluable."

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**CHLORODYNE.**—In regard to the composition of this popular medicine, the most decisive communication is one from Mr. E. Smith, of Torquay, who made a careful qualitative and quantitative examination of Dr. Collis Browne's chlorodyne, and puts its composition as follows:—℞ Chlorof. 4 drs.; morph. mur. 20 grs.; æth. rect. 2 drs.; ol. menth. pip. M. 8; ac. hydrocy. dil. 4 drs.; tinct. capsici 6 drs.; mucil. acac. 1 oz.; theriacæ ad 4 oz. M.—*Pharmaceutical Journal*.

## PROTRACTED RECOVERY.

FROM EXTENSIVE COMPOUND COMMINUTED FRACTURE OF LEG.

BY DR. ELLIOTT RICHARDSON.

The uncertainties of prognosis are frequently illustrated by fatal results from apparently trivial causes, while, on the other hand, it is sometimes our fortune to witness wonderful recoveries from injuries which would generally be considered almost necessarily fatal, either to life or the usefulness of the member affected.

The following case possesses some interest, not only on account of the ultimately favorable result, but also on account of the protracted recovery.

A railroad employé, 31 years of age, of good height and physical development, in good health, but not free from the use of alcoholic drinks in excess at times, was admitted to the Pennsylvania Hospital, under the care of Dr. W. Hunt, October 29, 1869, suffering from injuries received by being run over on the railroad.

On examination, the right thigh was found to be much swollen and discolored, giving evidence of very serious and extensive contusion of the part. The knee-joint was unharmed, but below the knee the limb was extensively injured. On the inner and upper side, about three inches below the joint, was a lacerated surface about three inches in length, communicating by a rather narrower opening with the seat of a comminuted fracture of the tibia. At a distance equal to about one-third the circumference of the leg on the upper and outer side was a wound about an inch in length, which was found to communicate with a fracture of the fibula.

The fracture of the tibia was freely examined at the time, and found to include, as nearly as could be ascertained, the entire shaft of the bone for a distance of two and a half inches to three inches, the fragments consisting of a large one and a number of smaller ones. The fracture of the fibula was not comminuted.

The patient was profoundly depressed at the time of admission, but, gradually recovering, efforts were made to save the limb. He remained in the hospital until April 6, 1870, during which time several fragments of bone were removed through the



sinuses, four in number, communicating with the fracture. At the time of his discharge the fibula had united, but the tibia showed no evidence of attempt at union, and the patient, refusing to submit to an operation for the removal of a large fragment of necrosed bone, went to his home.

On the 22d of June I saw and examined the leg. No union had yet occurred between the two fragments of the tibia. The sinuses still continued to discharge minute spiculae of bone. On introducing a probe, it was freely passed over a denuded surface of bone for a distance of at least two inches.

When I next saw the patient, October 6, 1870, I found both bones of the leg firmly united. A large amount of necrosed bone could still be detected; but he had so far recovered the use of his limb as to be able to walk with the aid of a cane. There was shortening produced by a marked curvature towards the tibial side, but the muscular development and usefulness of the limb seemed to be good.

It will be seen, from the above, that nearly a year elapsed before union between the fragments of the tibia occurred, and that it occurred at least between fragments of bone separated two or three inches from each other.—*Medical Times.*

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## IN-GROWTH OF THE TOE-NAIL.

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BY J. WARING-CURRAN, L.R.C.S.I., L.K. Q.C.P.I., &c.

The general treatment of ingrowing toe-nail which is always tedious and frequently troublesome, it is not my intention to review, but as briefly as possible to explain a form of treatment which I have practised for the last three years with uniform success, or, to be accurate, with that amount of success which may be expected resulting where evulsion of the toe-nail is not resorted to, and where, I think, I shall presently show the necessity of performing that simple, though painful, and disagreeable operation, was in several instances overcome. The first four of my patients were cases wherein I had exhausted my experience and book-learning, in order to prevent, if possible, evulsion; but there was little improvement; the case did not progress as would have been desired; accordingly, I took advantage of a fortunate

incident in trying a new method of treatment. At the house of a literary friend, I met an Italian lady, whose high attainments and publications are well known in literary circles. After discussing various topics, in conversation, we entered upon the very remarkable one of "filbert nails," which she told us were cultivated by the ladies of her native town to such a degree that they ignored the wearing of gloves, in order to exhibit the neatness and symmetry of the finger nails. She told me, in order that they may be properly grown, chiropodists, practising the art of nail cultivation, were in the habit of putting their consultees under the following plan of treatment. Out of the centre of the nail they cut a triangular portion—the base at the free extremity of the nail, and the apex at the matrix—so as to encourage the nail to contract from the edges towards the centre; or, in other words, to make the central part of nail grow with greatest prominence. Having three chronic cases of in-growing toe-nails in the district, I bethought me to try the plan of cutting out a triangular central portion, with a very wide base, shaving the edges of the in-growth as thin as expedient with a piece of glass, and tying the separated nail together loosely with a piece of dentist's silk from beneath, and placing between the nail and contiguous soft parts, into which the nail intruded, a piece of thick worsted, coated with mercurial ointment. Where those exquisitely-sensitive granulations existed, I applied some extract of belladonna and resin ointment rubbed together, and adopted the same method in remedying the shape and growth of the nail.

In the course of time the affected nail assumed a better shape, grew out more prominently, and away from the sides, whilst the pain and irritation was overcome by the belladonna application, and eventually cured by the mercurial ointment, and pressure taken off by the better shape assumed by the nail.

As against every method of treatment, which has for its object the cure of in-growing toe-nail without evulsion, it may be said, my plan needs much patience, and requires time and perseverance. The patients were only too glad to have something to do, and to practice it, for there is a great antipathy among them to tearing out the nail by the forceps even under chloroform. I ignore the ether spray, for I have used it in removing a toe-nail, and should be sorry to depend on its pain-destroying virtues in future.

Nails, thus operated on, acquired a normal shape in six months; whilst in from six weeks to three months, according to the existing severity of mischief in the soft parts surrounding the nail, the toe became healthy. I insisted on the wearing of broad toed shoes with low heels, that the foot should not be thrown too prominently forward, or the toes be unduly compressed together.

In two of my patients the outer side of toe-nail had overhanging soft parts which appeared healthy on the surface, but into which the nail was growing; these I shaved off with a bistoury, lifted the nail, took out the triangular portion and, by stimulating applications, got a flat, healthy surface, which soon skinned over.

It may be readily gathered what I mean to show is that a central portion cut out of the nail will alter the shape of that nail, and, if the disease in the soft parts be attended to, will be found of great practical utility in treating, and altering the shape of, an in-growth of the toe-nail.—*Med. Press and Circular.*

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## TORONTO HOSPITAL REPORTS.

### SUMMARY OF CASES UNDER THE CARE OF DR. CANNIFF.

(Reported by Mr. Abbott, Clinical Clerk.)

Thomas D., aged 17, native of Canada, admitted 13th October, 1870—suffering from shock. Was accidentally run over by Lieutenant-Governor's carriage at the Agricultural Fair. Had been in a state of collapse for some time. It was feared that some important internal organ had been ruptured. But after his admission into Hospital no particular symptom appeared. Most likely there had been severe concussion of the solar plexus. Was dismissed quite well, 24th October.

John R., aged 33, native of England, admitted September 27, 1870—venereal disease. Disease appeared 23rd August. Had up to time of admission treated himself, by applying sulph. copper and Holloway's ointment. The most interesting feature of this case was the fact that the primary chancre, which was deep and cartilaginous with no discharge, readily healed under the use of caustic, black wash and calomel; and about 24 hours

after, as he was about to leave the Hospital, there came around the seat of the first sore a plentiful crop of small pimples, which shortly formed into soft chancres. These were gradually healing when he ran away, having violated rules. The use of calomel above referred to, consisted in sprinkling the chancre with it. This has been found useful in several obstinate cases of Hunterian chancre, and is recommended instead of the internal use of mercurials.

Margaret B., aged 70, native of Ireland, admitted October 25, 1870—a burn. Caused by falling, probably while intoxicated, upon a heap of burning shavings. There was extensive burning of the skin upon the left side of the face, neck, chest and over the stomach. There was a good deal of prostration, and it was necessary to support her. The burn was treated by the application of linseed oil and carbolic acid, and the exclusion of the air from ulcerated surfaces. The healing did not quickly set in, but finally proceeded, and all ulcers were closed up by 1st December.

Kate C., aged 24, native of Canada, admitted 2nd November, 1870—typhoid fever. A servant, with well marked symptoms of fever, the prognosis unfavorable. Has been ill for a few days. To have a warm bath, and take fever mixture—liq. amm. acet., 2 oz.; spt. eth. nit., 1 oz.; tinct. hyos., 6 drs.; aqua ad., 8 oz., every three hours, unless in a sound sleep or sweating. In twenty-four hours' time the symptoms had much modified. The condition of the patient did not materially change during the following seven days. In the meantime she took freely of beef tea, milk, and occasionally farinaceous food. On the 11th, whiskey, 4 oz. in twenty-four hours was ordered. On the whole, the patient took but little stimulant. Convalescent about the first week in December. At the last, as a tonic, she took tinct. nux vom., 10 drops three times a-day.

James G., aged 28, native of England, admitted 24th November, 1870—acute rheumatism. Has been ill two days. Parts first affected were feet, then legs, and then the arms. Treated by administration of pot. iodidi, 5 grs. every eight hours. Hydrate chloral, as an anodyne when necessary, grs. from 10 to 30. On the 26th, a black draught, with 40 drops tinct. opii was given. The acute symptoms abated, and became much better until Dec 6, when, from careless exposure or the condition of the weather, he was worse. A good deal of swelling and redness of feet and hands; but a strong lotion of plumbi acet. soon

gave relief. The iodid. pot. discontinued, and tinct. iron, 25 drops in water, substituted. Tinct. iodine occasionally applied. He was confined to bed for ten days. Appetite fair; and there was no restriction to food. Convalescent by the 15th December.

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## BOOK NOTICES.

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ANATOMO — PATHOLOGICAL NOTES ON EPILEPSY. By Gonzalez Echeverria, M.D. (Univ. Paris), Professor of Mental and Nervous Diseases at the University Medical College of New York. Physician-in-chief to the New York Hospital for Epileptics and Paralytics, &c. New York: Wm. Wood & Co. Toronto: Adam Stevenson & Co. \$5.

This is an Svo. volume of nearly 400 pages, handsomely bound in cloth, and illustrated with four beautiful chromo-lithographs and six heliographic plates expressly made for this work. The plates have been faithfully copied by the author, from specimens which he has prepared.

The author does not claim to offer any new discovery, although he hopes to be able to throw new light on some subjects not well established. In the first chapter he gives the various theories entertained by different writers, regarding the supposed pathology of the disease, and finally gives his own views on the subject. He entertains the opinion that the medulla oblongata is the original seat of epilepsy, and several cases are given which seem to verify these statements; and that the disease primarily involves the vaso-motor nerves of the great sympathetic. Organic lesions are observed, however, in long standing cases in the cranium, brain, cerebellum, spinal cord, peripheral nerves and sympathetic ganglia; but the medulla never escapes the influence of the disease. The lesions in the sympathetic system noticed by the author, consist mainly of a proliferation of connective elements, at the expense of the nerve-cells and fibres. In the 2nd, 3rd and 4th chapters, he treats of the cause and pathology of epilepsy; and in the 5th and 6th he refers to the frequency and nature of the attacks, and the appropriate treatment. He prescribes pot. brom. and strychnine, with counter-irritation to the nape of the neck, and discusses the use of sub-cutaneous injections of woorara, but does not consider it useful. He strongly recommends the adoption of hygienic measures, and good nourishing diet. He deprecates the use of narcotics, except conium, which he considers valuable in cases of

cerebral derangement or vertigo. The author is also in favor of trephining the skull for the relief of epilepsy due to local injury to the head.

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THE CAUSES, SYMPTOMS, RESULTS AND TREATMENT OF SPERMATORRHOEA. By Roberts Bartholow, A.M., M.D., Prof. of Mat. Medica and Therapeutics in the Medical College of Ohio. New York: Wm. Wood & Co. Toronto: Adam Stevenson & Co. 81.

This little work, which has reached its 3rd edition, comes to us somewhat enlarged and improved. But whilst some additions have been made to the previous editions, the author says he has not changed his views regarding the nature and true mode of treating spermatorrhœa; but is more than ever convinced that it is a *neurosis*, and that the treatment, to be successful, must be based on this pathological basis. This is quite different from M. Lallemand's theory, the central idea of which is the production, by various causes, of an irritation or inflammation of the prostatic portion of the urethra and seminal ducts.

It is a useful, practical work on the subject upon which it treats, and supplies a want that has long been felt by the profession. A great aversion is entertained by many practitioners regarding a subject so disagreeable in itself, and in this way many an unfortunate patient falls into the hands of ignorant quacks, whose only object is to work on the credulity of the patient, and extort from him fabulous sums as a compensation for their services. Viewed in this respect alone, the little work before us will accomplish a good purpose. The instruction on the treatment of this neglected affection is both valuable and practical.

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PRACTICAL ANATOMY; A Manual of Dissections. By Christopher Heath, F.R.C.S., Assistant Surgeon to University College Hospital, Teacher of Operative Surgery in University College, London, &c. First American from the Second English edition; edited, with additions, by William W. Keen, M.D., Lecturer on Pathological Anatomy in the Jefferson Medical College, &c., &c. Philadelphia: Henry C. Lea, 1870. Toronto: Copp, Clark & Co.

A "dissector's manual" is an invaluable assistant to the student of anatomy, and we are happy to welcome the new edition of this valuable work. The first English edition was issued about six years ago, and was favorably received not only on account of the great reputation of its author, but also from its

great value and excellence as a guide-book to the practical anatomist. The second edition, which was much enlarged and improved, was published last year. The American edition has undergone some alterations and additions which will no doubt enhance its value materially. The convenience of the student has been carefully consulted in the arrangement of the text, and the directions given for the prosecution of certain dissections will be duly appreciated. Directions for the preservation of the subject, the injection of the vessels, and the making of preparations for future use, have been given in an appendix. Several illustrations and diagrams have been introduced, which serve to make it more interesting and instructive.

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We have just received the first No. of the *AMERICAN JOURNAL OF MICROSCOPY*, published monthly by George Mead & Co., Chicago, at \$1 per annum.

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EYE-SALVE IN "GRANULAR LIDS." AND CASES OF CHRONIC OPHTHALMIA.—Dr. John Williams (*Dublin Quarterly Journal*), after long experience, speaks most confidently of the following ointment:—R Arsenicæ sulphureti 2 grs.; unguenti citrini 2 drs.; axungia preparat. 6 drs.—M bene. The upper eyelids should be everted in cases of "granular lids," and about the size of a hemp-seed of this ointment should be applied with a camel's-hair pencil, which must be introduced into the superior palpebral sinus, to the diseased conjunctiva. In suggesting this local remedy he is not unmindful of general treatment.

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A little girl in England sat down on a block of wood which had been sprinkled with carbolic acid as a disinfectant. She was so severely burnt as to cause her death in three days.



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Original Communications.

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CHLORAL AS A REMEDY IN PUERPERAL  
CONVULSIONS.

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By Walter B. Geikie, M.D., F.R.C.S., Edin.; L.R.C.P., Lond.;  
Fellow Obstetrical Society of London, Eng.

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Already chloral has achieved no mean reputation in many cases where sedation of the excited nervous system is indicated, and to its truly wonderful powers in procuring quiet sleep in the distressing and injurious wakefulness of continued fevers, in delirium tremens, and in many other diseases, numerous writers have recently borne their willing testimony.

I am not aware of the use of chloral in puerperal convulsions having as yet been put upon record in Canada, although since I employed it in the following case, I have read of an instance in which it was so used by Mr. Fox, of Manchester, England. As the remedy acted so very satisfactorily in my hands, I thought a notice of the case would prove of some value to the profession.

On January 2, 1871, I was called about midnight to see Mrs. —. I found her in labor with her first child. Everything went on in the most natural manner, the head presenting, and

the os uteri dilating gradually and well. There was no unusual tediousness, and the patient appeared to bear her pains with more than ordinary patience and with very little complaint of suffering. About 5 a.m., the perinæum came to be pressed upon by the head, and its distention was most regular and gradual. The pains at this period of the labor were not at all too strong or too long continued, a good interval taking place between them.

The perinæum had become so much stretched as to admit of the protrusion of a part of the head through the external orifice, and another pain or two seemed all that was needed to finish the labor. I advised the patient to keep as still, and bear down as gently as possible when the pains came on. Just as I had done so, she said it was coming, but that she felt unable to lay hold of the sheet with her hands, and in an instant, without further warning, she was seized with a most violent convulsion. Her body was thrown from the front to the back of the bed, while the child (which was born alive) was thrust suddenly and with great force through the vulva, lacerating the perinæum considerably, but fortunately not so as to injure the sphincter of the bowel.

There was in this case no evidence whatever of active cerebral congestion prior to the supervention of the fit. Contrariwise, the patient's whole aspect indicated a state of general debility. The convulsion appeared to be due solely to the suffering caused by the pain during which it took place.

On the cessation of the convulsion, I administered a powder containing  $1\frac{1}{4}$  grs. of opium, which I happened to have by me, and having attended to the delivery of the placenta and the application of the bandage, sent at once for some chloral.

Before the messenger returned, in about thirty minutes after the first fit, she had a second, and in twenty minutes more she was evidently about to have a third, when I gave her a dose of chloral—40 grs.—in sweetened water. In a very short time she became quite calm; and becoming, in half or three quarters of an hour, somewhat restless, I repeated the dose. She fell asleep and slept for several hours, and had no return whatever of the convulsions. I may add, that each fit lasted about five minutes, and that as the bowels had been moved early in the labor, there seemed no necessity for troubling her either with an enema or a purgative.

The patient was threatened subsequently with puerperal mania, which danger was happily averted, and still later in her convalescence she suffered severely from diarrhœa; but had no sign of any convulsion from the time the first dose of chloral was administered.

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## CASE OF OBSCURE ABSCESS IN THE NEIGHBORHOOD OF THE RECTUM.

BY WILLIAM COBURN, M.D., OSHAWA.

On the 15th of December last, Mr. R. L., aged 53, Lower Canadian, French by birth, grinder by trade, was taken ill and obliged to cease work; on the 17th, or two days later, I was asked by his employer to visit him. I may here state I had some knowledge previously of the peculiar diet and mode of preparation adopted by my patient. His diet consisted chiefly, wholly indeed, of bread, buns, cheese and raw pork (the fattest he could buy), strong tea, and when eggs could be had, fresh or old (for it mattered little to him), on an average four to a meal—cooked of course in a plentiful supply of butter—and both eggs and pork highly peppered. As you will have already inferred, he prepared his own food and kept his own room, which was only a few yards distant from his place of work.

It would only require one to stand for a short time in the room in which my patient worked ten hours a-day, to form a correct estimation of how intolerable such a diet as the above must necessarily have been to any system exposed to the temperature of that room. The foregoing, I may mention, had prepared in me anticipations of the case. Upon visiting him, therefore, I was not disappointed to find congestion of liver, kidneys, bowels, and, to a certain extent also, of the lungs.

Upon enquiry, I was told that the bowels up to the time he was taken were acting "as usual," not to say free, nor yet confined; that he had taken some opening medicine, which had acted freely, and that he did not think the bowels were then any at fault. Nevertheless everything tended to confirm the belief in my mind that the excrement was not in proportion to the increment, and had not been for a very lengthened period.

I was therefore prepared to tell him that all solid food must cease—the system having a good round month's supply already in store—and that time, success and everything tending to his safety would materially depend upon his forbearance in that particular.

Preliminary to the use of any medicines, I administered a stimulating injection: ol. terebinth, 1 oz.; ol. ricini, 2 oz., followed by a copious supply of soap and water. The injection having acted, hardened and old portions of stool were eliminated in such quantities as to astonish the patient, who now indulged in frequent expressions of relief, and prophesied for himself an early recovery.

Considering the quality and quantity of the patient's food and the high temperature to which he had almost constantly been exposed. I had reason tacitly to prophesy very differently. I was fully convinced that under the most favorable circumstances the progress of the case would be tedious, and in this I may state there was no disappointment; but at this time I had no expectation or suspicion whatever that any complication such as marked the case subsequently, was in store for him, although I feared abscess of the liver.

Little change marked the progress of the case, although very much better than when first seen, until the 2nd of January, when he complained of great weight, "a bearing pain," in the neighborhood of the bladder, and pain in the region of the sacrum; noticeable at this time also was an inability on his part to bear more than half-a-pint of injection before he cried "enough." and what had already been injected began to return. I may mention here, that during the whole time intervening the 17th of December and the 2nd of January, daily use of the enema pump with soap and water formed a portion of the treatment—the bowels not acting without—always affording marked relief; but never, except on few occasions, removing anything decidedly fecal in appearance; each injection on its return bore a strong resemblance to water in which fat meat had been boiled—the fat floating on the surface, and mixed with it a large quantity of bile.

From the 2nd of January, or the time at which the pelvic symptoms became prominent, till the afternoon of the 5th, to speak truthfully, the case was to me a mystery;

on the afternoon of the 5th there was great uneasiness about the rectum complained of—frequent desires to stool and frequent attempts without any relief—as expressed in his own words, “only able to go so far and then stop,” until finally something passed which proved upon inspection to be about a pint of thick, offensive pus, which was repeated in quick succession five or six times to the extent of about half-a-pint each time. That I then had abscess as a complication was beyond doubt; but I confess I was not at this stage without doubt as to its exact seat. The discharge from the afternoon of the 5th till the 15th was frequent and very great, after which it began to diminish and become more sanguineous; at this stage the patient’s prospects were apparently worth but little; the septum was visibly giving way; the rectum, anus and parts around it were greatly inflamed and very sensitive; the stench could hardly be endured. Those of my fellow practitioners who have ever had the misfortune to have had charge of a case of pelvic abscess, will have in their remembrance an approximate idea of what the smell was in this case.

The enema tube was not used after the 5th, owing to the tenderness and pain; but now the 15th, I prevailed upon him to allow the rectum to be washed out with some disinfectant. I prepared a solution of chlorine (pot. chlor., 8 grs.; acid hydrochlor., 2 drs.; aq., 1 quart), succeeded in gaining consent, and was happy to find next day after the first operation the room less disagreeable and the patient somewhat improved. The injection of disinfectants was continued for several days, attended with less pain and followed by the same satisfactory results, and occasionally alternated with olive oil with the view to soothe. That the case was not one of abscess of the liver, various evidences served to convince. In the first place the characteristic chill, so indicative of the formation of matter in the liver, was absent; besides, so extensive an abscess as it proved—the pus in the aggregate amounting to not less than three gallons—I hardly think could possibly exist in any portion of the liver or its neighborhood, without some external indications—such as enlargement and pain. As additional evidence that the liver was not its seat, the matter invariably passed after the bowel had ceased acting, appearing to make its escape at the close, when tenesmus was most prominent. Another thing noticeable was, the matter

always passed without causing pain, not a characteristic sign by any means of matter coursing the intestinal tract any great distance; for I well recollect a case of abscess of the liver I once met with, where the most intense suffering existed from the time the matter made its way into the bowel until its discharge from the rectum. These, taken together, I think pointed to the neighborhood of the rectum as the seat of the trouble. My conclusion was that it was situated in the cellular tissue behind the rectum; and this was strengthened by the fact, that the introduction of the catheter twice daily from the 3rd December until the 23rd January, gave no pain whatever, but always diminished in a marked degree the constant sense of fullness in the locality indicated.

Although my patient—a mere skeleton yet, 17th February—has sufficiently convalesced to admit of his being able to walk about and exercise in the open air, still I fear complete recovery is yet a matter of doubt, small quantities of matter still passing at intervals of ten or twelve days; and in the face of this and the fearful ordeal he has just passed through, he is falling, irresistibly it would seem, into the same mode of living as before. I shall not be astonished should the abscess re-form, or, as a secondary complication, the case end in fistula.

I have not been induced to forward a report of this case from any sense that recovery, so far, is attributable to anything extraordinary in treatment adopted—it being merely of a precautionary and sustaining character—but because it is one illustrative of what a strong constitution will sometimes endure; and because of the insidious and remarkable manner in which the abscess was developed; and also, I may say, because of the extreme rarity, so far as I can learn, of such cases in general practice.

I may here state that the obscurity of this case was increased materially by the fact, that the patient had as much difficulty in rendering English intelligible to me, as I should have had in rendering his native language intelligible to him.

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## INFANTILE REMITTENT, OR WORM FEVER.

BY A. AGNEW, M.D., DELAWARE.

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In remittent, or so-called worm fever, it is often difficult, if not impossible to say whether the parasite is the *cause* of the symptoms, or whether it merely complicates the case. The

case reported by Dr. Darragh in the Januaay number of the *Canada Lancet*, does not throw much light on the matter. The presence of eighteen worms in the bowels, scarcely seems sufficient to account for the symptoms he describes. The following notes of a case recently under my care, may be interesting to your readers :

I was called on the 10th of January to see Hatty W., a girl eight years of age. She had been, as her mother described it, "not like herself for some time," and the day before had taken to her bed. Shortly after, an eruption, resembling large, irregular patches of urticaria, but with purple edges, made its appearance, principally on the right side, which was covered from neck to heel. There was some swelling of the right cheek and the right eye was nearly closed. The color was persistent under pressure. The eruption disappeared in a few hours, and returned the next day and again disappeared. There was a troublesome cough, with mucons rales in the right lung. The face was dusky and anxious in expression. Tongue loaded with a dirty brownish fur, intensely red at the tips and edges. Pulse 120 to 130, rather weak. Stools frequent, frothy and offensive. Abdomen slightly tympanitic, general uneasiness, but no pain. In short many of the symptoms of a well-marked case of typhoid fever. During the week previous to my being called, she had passed several worms, (*lunbrici*) from the bowels, and a number had "crawled up her throat, and she pulled them out of her mouth with her fingers," in all 12. I diagnosed worms, and, without stopping to enquire whether they were *cause* or *effect*, I determined to attack the "varmint." I prescribed eight grains of *santonin* with two of *calomel* rubbed up in sugar, to be made into four powders, one to be given every four hours. I saw her again on the 12th and found that she had several frothy stools, in which quite a number of worms had come away. She had also thrown up several, in all between 20 and 30. I repeated my prescription, and as the rales in the lung had not subsided and the cough was still troublesome, I ordered *demulcents*, with bread and milk or rice and milk diet. I called next day and found the cough relieved, the rales had nearly disappeared. She had got rid of a further batch of nearly 30 worms! The tongue was better and the general expression much improved. As there was still some tympanitis and general uneasi-

ness, I gave 20-drop doses of ol. terebinth in yelk of egg and sugar emulsion, every six hours for two days, followed by a calomel and jalap purge. Effect.—16th. Her father called to say that she was much better, that she had passed large numbers of worms with every stool, in all, since I saw her, 152! *and he is ambitious of reaching 200!!* As quite a number came away with the last stool, I ordered a 20-drop dose of the turpentine to be taken in the morning, and two grains of pul. scammonii at night until further orders. 18th. Saw her again. Seven more worms had passed. The irritation due to the presence of the worms has abated, and the febrile symptoms are now distinct, the remissions being well marked. I put her on quinine and iron and she made a good recovery. Three more worms were passed during her convalescence, making, with the twelve passed previous to my seeing her, no less than 174!

I think that the above case is instructive, inasmuch as the symptoms of an ordinary remittent fever were so completely masked by the presence of the parasites.

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### WOUND OF THE ABDOMEN.—RECOVERY.

BY WILLIAM G. MIDDLETON, L.M.B., ELORA, ONT.

About 9 a.m. on Tuesday, the 27th of February, 1866, I was sent for in great haste to see a young man who had been fearfully injured at a flax mill, about a mile from the village of Elora.

It seems that he had been removing the flax from the scutching machine with a pitchfork, which was caught by one of the blades of the machine and the handle of the fork was projected with great force into the cavity of the abdomen, about an inch below and a little to the left of the umbilicus, making a transverse wound one and a-half inches in length, through which about a yard of intestine protruded. On reaching him I found Dr. Paget supporting the bowel, compressing with his finger and thumb one of the mesenteric arteries, which had been bleeding freely. I at once secured it and assisted him to reduce the bowel, which was highly congested and distended with gas; after a little difficulty we succeeded in *replacing* the gut, which



had been returned into the abdomen by Dr. Paget before my arrival, but which from the man's vomiting had been again ejected. The wound was immediately secured by three sutures and adhesive plaster, and a drachm of landanum given, which was repeated at the end of three hours, when he was removed to bed, his shoulders raised and the thighs slightly flexed. His pulse was about seventy, rather weak. The catheter was required at night to empty the bladder.

Wednesday, 28th.—Has passed a good night, having slept several hours. Pulse this morning seventy-eight; tongue coated; the catheter was used in the morning and evening. About 1 p.m. there was great pain at the wound; pulse 100, with flushed face and pain in the head. About ten ounces of blood were taken from the arm; and six powders, containing two grains of calomel and five grains of Dover's powder, were left, with directions to give him one every three hours; fomentation with hot water was freely used, and tea and toast with crackers were given him.

Thursday, 1st March.—He had a good night. Pulse eighty; the catheter was used in the morning, but it was not required at night. Little or no tenderness in the wound or abdomen. Ten grains of Dover's powder to be given at night.

Friday, 2nd.—Progressing favorably; he passes his water freely; no pain in abdomen; pulse seventy-eight.

Saturday, 3rd.—Still improving. As the bowels have not been moved since the accident, oatmeal gruel and cooked apples were ordered freely.

Sunday, 4th.—Going on favorably.

Monday, 5th.—Bowels opened to-day by enema; an ounce of castor-oil was ordered; complains of no pain; sleeps and eats well. From this time convalescence was rapid, so that he was able to be up and moving about on the thirteenth day from the date of the accident, after which he was ordered to use a bandage.

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## MEDICAL MUTUAL IMPROVEMENT SOCIETY.

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### ABSTRACT OF MINUTES.

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ST. CATHARINES, Tuesday evening, Jan. 24, 1871.

DR. MACK IN THE CHAIR.

Dr. COMFORT related a case of hypertrophy of the left cheek occurring in a blacksmith, who, in working at the forge, kept that side of his face constantly exposed to the heat. The cheek

bulged out to the size of an orange, which appeared to be caused by hypertrophy of the buccinator and masseter muscles, or an increase of interstitial deposit between the fibres of those muscles.

The affection speedily yielded to the inunction over the seat of enlargement of compound iodine ointment

Dr. SULLIVAN mentioned a case of poisoning by arsenious acid, with recovery after the ingestion of a remarkably large dose of the poison—at least one tablespoonful. Free vomiting set in immediately after the poison had been taken, to which circumstance mainly he is inclined to ascribe his patient's escape.

The remedies employed were magnesia, and when that had been sufficiently exhibited, morphia. The magnesia acts as an antidote to arsenious acid in a state of solution, by forming a sparingly soluble arsenite of magnesia.

In this case it must have proved beneficial by the envelopment of the crystals, so as to shield the mucous membrane from their corrosive action.

It is argued that the antidotal action of hydrated peroxide of iron depends upon the same effect, when the acid is in the solid state.

The Dr. spoke very highly of the good effect of morphia in the subsequent treatment.

In the discussion which ensued, it was mentioned that the peroxide can always be made in a few moments, by adding carbonate of soda to any salt of the red oxide of iron—perchloride, acetate, or persulphate.

As the fatal dose is as low as two or three grains, it was suggested that the arsenious acid was probably mixed with some inert substance; but Dr. S. believed it to have been pure.

A formula, useful to the country practitioner for obtaining the hydrated peroxide, is simply to mix one ounce of liq. potass. with half an ounce of muriated tincture of iron.

Dr. MacLagan gives preference to the precipitate formed by ammonia.

The gelatinous magnesia should always be prepared *pro re nata*, and can be formed by washing the precipitate cautiously obtained by adding a solution of caustic potash to a cold saturated solution of sulphate of magnesia.

Among other antidotes mentioned, were Mr. Odling's

emulsion of hydrate and acetate of alumina, mixed with permanganate of potash, in the proportion of ten grains to two fluid ounces, and administered by the stomach pump.

Dr. GOODMAN reported an instance of lead poisoning occurring in a whole family, from using water collected in a cistern lined with lead. Before being called in, one member of the family had succumbed, and he found the survivors in a very critical condition. Having arrested the supply of water from the suspected source, recovery soon followed the use of the sulphuric acid lemonade and the iodide of potassium.

The Dr. wished to draw attention to the absence of the blue line along the gums in those cases, and to the presence of a symptom he had not found laid down in the authorities upon the subject of lead poisoning, viz., a remarkable dark streak in the centre of the tongue.

The Chairman stated that in the case of a whole family suffering from lead poisoning, the result of eating apple-sauce which had been preserved in glazed earthenware pottery, a similar dark broad line, resembling that produced by the imperfect assimilation of salts of iron, was to be noticed.

Dr. T. MACK then read a short paper which he had prepared, upon the therapeutic uses of sulpho-carbolate of zinc, with some remarks upon the sulpho-carbolates generally.

Premising that in no step taken for the advancement of the *ars medendi* of late years had more practical benefit been effected than in the prevention and the ectrotic treatment of disease, he went on to say that therapeutists had thus been led to the search among the numerous substances known as antiseptics for antidotes to zymotic affections, and remedies whose action was believed to take place as germicides or parasiticides.

In this way the profession has been busy with carbolic and sulphurous acids and their compounds. We had already experimented largely upon the chemical antiseptics which acted principally as they effected the liberation or assimilation of oxygen. At present our attention was claimed for agents which, known to destroy low forms of animal and vegetable life out of the body, it was hoped would act in a similar manner upon germs and abnormal cells within the body.

Dr. Wilkes, of Kent, in England, claims great success in the treatment of typhoid fever by small doses of sulphurous acid,

gradually increased until the taste of the acid was constantly present to the palate.

Dr. M. has observed good effects from the bisulphites in cases of purulent infection.

The effects of carbolic acid upon pus cells have been fully discussed. He had used carbolate of quinia for the last two years in a variety of cases of dyscrasia and toxæmia requiring a tonic, and found it a good compound.

Last spring he obtained from London, England, a supply of the sulpho-carbolates, and had prescribed them with excellent results since. Thus combined, carbolic acid can be given internally with impunity; one grain of the acid being contained in about twenty grains of the double salt, which is decomposed in the course of its absorption and elimination, and evolves the disinfectant acid.

He considered the sulpho-carbolate of zinc, five grains to the ounce of tepid water, to be the best vaginal injection he had ever used in simple vaginitis, after the acute stage had passed by.

In more obstinate cases, tampons of glycerole of sulpho-carbolate of zinc, ten grains to each tampon, had proved excellent adjuvants, and had cured obstinate chronic cases, especially correcting fætor.

As an extra uterine application, either carefully injected in any of the late methods, among which he gave the preference to Dr. Peasless' plan, or with a mop, he had used it in endo-uterine affections.

In the septicæmia, consequent upon and either before or after the removal of any decomposing substance retained in utero, it had been tried satisfactorily.

The sulpho-carbolate of zinc is spoken highly of as a lotion and dressing to wounds and suppurating surfaces, and in all cases he would recommend its addition in solution as an uterine douche or enema to caustic or other treatment, of erosions and ulcerations of the os and cervix uteri. Any intelligent apothecary or physician can with a little trouble make it, as Dr. M. was preparing it for his own use, of sufficient purity, after the following manner: First, according to Dr. F. Hoffman, mix one part of sulphuric acid (sp. gr. 1.843) with two parts of fused crystallized carbolic acid; digest for two days in a water-bath at 150° to 180°, until, upon adding a few drops to water, a clear

solution is obtained. The sulpho-phenic acid ( $C_6 H_6 SO_4$ ) may next be neutralized by oxide of zinc, the solution filtered and crystallized slowly without heat; the only impurity will be the sulphate of zinc, which for use as a topical application, will not prove very prejudicial.

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ST. CATHARINES, Jan. 31.

Dr. COMFORT had used hot-air baths, given by simply placing heated bricks under and enveloping the patient with blankets as in the extempore vapor bath, in an obstinate case of chronic dysentery. The man had contracted the disease after suffering from some form of prolonged paludal fever in the far west three or four years ago; he had finally been relieved at that time, after trying a variety of remedies. Upon the present recurrence of the disease, Dr. Comfort had tried ineffectually raw meat properly prepared, and various astringent preparations.

He then prescribed acetate of lead, opium and ipecac., and a hot-air bath every morning. A marked improvement followed this change of treatment. The patient was now using the baths alone, and at a future meeting he hoped to be able to report a cure.

Dr. GOODMAN spoke of the good effects he had observed from vapor baths, in diarrhœa attended by a dry hard skin.

Dr. SULLIVAN had observed in *post mortem* cases of dysenteric diarrhœa, occurring after endemic fevers in the United States (in the west and south-west), enlargement of the mesenteric glands, congestion or degeneration of the liver, and very frequently tubercles in the lungs.

After a discussion upon turning in presentation of the shoulder, Dr. Mack said that he had a few remarks to offer upon amputation at the hip-joint. With the use of chloroform, the only immediate danger in operating is from hæmorrhage; the operation on this account was recommended to be performed with the greatest celerity.

Mr. Mayo, we learn, operated in thirty seconds, by first passing the knife completely through the limb upon the inner side of the joint and cutting forwards and inwards, so as to make a flap from the adductor muscles; then he cut into the joint and severed the ligamentum teres and muscles attached to the

digital fossa, with a short strong knife, and completed the operation by entering his knife over the trochanter and cutting downwards and outwards.

The circulation is controlled by compressing the common femoral at Poupart's ligament, until the assistant, by following the knife with his hand, can grasp the divided vessel and hold it firmly with the everted flap.

By compressing the abdominal aorta, all risk of hæmorrhage is escaped, and the necessity for extreme haste no longer exists. Dr. Gross states that, in a case operated upon by him, when pressure by the thumbs was made upon the abdominal aorta and femoral artery, the loss of blood did not exceed one ounce and a-half. In Dr. Pancoast's case, the aorta was compressed by means of a tourniquet encircling the body at the umbilicus, the patient lost hardly any blood; this simplification of the method of Sarry, Delpech, Mott and others, who recommended ligature of the femoral artery as a preliminary step, must be considered a decided improvement.

No less than fifteen different methods of performing this formidable operation have been described.

"I should by all means prefer the procedure by antero-posterior flaps, the disarticulation being effected after the formation of the anterior flap.

"As it befel me to operate in a perfectly novel manner nearly two years ago, and as the result proved successful, I shall submit to you a succinct history of the case:

"John Conner, aged 7 years, eminently scrofulous, was admitted into the General and Marine Hospital on the 22nd of December, 1868, suffering under morbus coxarius in the third stage; sinuses were already discharging, and a few days after his admission an incision gave exit to a large collection of thin curdy unhealthy pus. Under cod liver oil and appropriate constitutional treatment, he improved so much that I determined to give him a chance for his life by excision of the upper end of the femur; the operation appeared to be indicated also from the symptoms of improvement having gradually ceased, and a fatal termination alone promising to close his sufferings. On the 10th of July, 1869, having placed him fully under the influence of chloroform, I proceeded to the resection by making a semi-lunar incision, convexity downwards and extending farther

down than directed in the books. The flap being dissected upwards the articulation was quickly reached, the capsular ligament already opened freely was cut, when at the moment of gently adducting the thigh and everting the head of the bone the femur was broken obliquely across at its lower third. Dr. F. L. Mack who rendered this part of the necessary aid, had not used any force sufficient to explain this untoward accident; so I at once inferred that there must have been disease and softening of structure in the lower end of the bone, and I instantly proceeded to amputation. Dr. Riley most efficiently controlled the circulation, while I quickly entered a large knife on the inner side of the disarticulated joint and cut out a sufficient internal flap. Drs. Goodman and Sullivan promptly secured the femoral, ischiatic and obturator arteries by ligature; any other spouting vessels were controlled by torsion.

"The boy was now allowed to awaken from anæsthesia; stimulants were administered; the surfaces having been kept exposed long enough to the air to become glazed and to render it improbable that clots might form after coaptation, he was again anæsthetized, the edges of the wound were united by silver sutures; he was placed in bed and weak carbolic dressing was applied. Under the care of my brother and Dr. Goodman he made an excellent recovery, and in three months he was able with a crutch to go to school and to walk nearly a mile. Before closing the wound, it was ascertained that the cotyloid cavity had been completely ulcerated away; and although he has survived the operation now nineteen months, it is scarcely to be expected that the scrofulous disease will not eventually claim its victim.

"Upon examination, the head of the femur was found almost entirely removed by caries, the lower end and shaft of the bone were affected with softening of tissue and excessive brittleness. The medullary canal was filled with a thin creamy puruloid fluid, and the cancelli were destroyed, so that a mere external shell of bone alone constituted the shaft of the femur, the specimen as you perceive breaking with the least pressure or force.

"The practical suggestions which I wish to make are: 1st. That in many cases when it may be uncertain to elect between resection and amputation at the hip, it is advisable to raise a

long flap from the external region and after disarticulation; if the more formidable operation be found expedient, it can be completed by a large internal flap. 2nd. As the dislocation of the joint is frequently found difficult and the cause of delay in amputation by the ordinary methods, let the operation be performed by a large convex flap cut from without inwards, and after division of connecting tissues and eversion of the head of the bone, let the catling be thrust through to meet the posterior edge of the external flap, and a sufficient quantity of soft parts cut off from the inner side of the thigh to furnish a sufficient covering to the acetabulum."

The morbid specimen obtained by preserving the bone was submitted for examination, and presented to the museum of the Society.

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## OVER-DISTENTION OF THE UTERUS FROM EXCESS OF LIQUOR AMNII.

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BY DR. GARNER, OF LUCKNOW.

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In August of the year 1868, I was called to see Mrs. M., of Ashfield, and on arriving found her in the first stage of labor. She was enormously distended, and I tried to tap her for dropsy, but found it impossible to get any fluid except a little blood. I made a very careful examination per vaginam and found the cervix uteri obliterated, and the os was scarcely to be felt. The labor pains were very irregular, sometimes an interval of an hour elapsed between them and sometimes less than ten minutes. So great was the distention that the whole abdominal space was completely filled, and the pressure on the thorax and diaphragm rendered the breathing most laborious. I gave small doses of tr. opii at intervals, and after waiting a reasonable time, I called in two other medical gentlemen—Dr. Tennant and Dr. Cole. We all considered the case to be one of dropsy connected with pregnancy, and the medical gentlemen in consultation considered that it would be best to leave the issue to the result of the labor. I then told them that I strongly suspected that the uterus was the seat of disease and that the case was one of over-distention from excess of liquor amnii. But they expressed an opposite opinion. Things remained in this state for forty-eight hours,



and the pulse was beginning to indicate slight weakness, but nothing more. There were no symptoms to cause any alarm, but the labor pains were still weak and slow. On making another examination, I found the os enlarged sufficiently to admit the index finger, and I was now sure that the uterus was the cause of all the trouble. I called for some vessel to receive the liquor amnii, and ruptured the membranes. I had previously sent for Dr. Tennant. The fluid was carefully collected, and on measurement was found to be seventeen quarts. I was convinced that if the patient had remained in the miserable condition in which she had previously been with over-distended uterus, that it would have been almost impossible for pains of any utility to arise, and if they had arisen, I feared rupture of the organ. The relief she now felt was very great. There had been occasionally most excruciating pain in the hips and thighs, evidently from pressure on the nerves of the pelvis. This vanished; the breathing became natural and there was no more anxiety of the countenance. As soon as practicable I gave her 30 drops tr. opii, and had her put comfortably to bed. I might say that labor now ceased for about two hours, as only an occasional pain troubled her, and she rested quietly and had some sleep. The fluids were not much discolored, but had a peculiarly heavy and disagreeable odor. The rest of the labor proceeded naturally enough and she was delivered of twins, both dead and had been so for some weeks, as the cuticle was easily detached and in some places separated or raised in blisters. The first child was one of the most remarkable monstrosities that I ever saw or read about. There was no head, the arms and shoulders were entirely absent, and it appeared to consist merely of the thorax and lower extremities, the former being much contracted. There did not appear to be any excess in the development of this foetus as far as the lower limbs were concerned. It was a male. The other child was a female and was quite naturally formed in every respect except the fingers and toes, which were merely rudiments. I have these malformations in my possession at present. The funis of the acephalous child was also well worthy of note. It was very thick and measured fifty-six inches in length. That of the other child was normal. The placenta was also remarkable. I took a portion of it home, and on examining it under the microscope, I found it full of small ulcers of a greyish white

color, and these were filled with pus and blood corpuscles in a state of disintegration.

I will now give a sketch of two other cases that have come under my care since, and as they agree in many respects are well worthy of note and careful consideration :

In September, 1869, I was called to see a lady who had been under the care of a medical practitioner a considerable distance from my residence. Her husband urged me to proceed at once, as he said his wife was "dying by inches." Having arrived, I found that Mrs. B. was not by any means suffering much, but had had a long and weary labor, with the pains exactly of the character of those of Mrs. M., of Ashfield. I asked her to lie down for a few minutes, but this she said was impossible as she would choke and could not breathe. I examined the abdomen and found it extremely tense, and in every way the symptoms appeared to be the same as in the case I have previously recorded. I at once advised the rupture of the membranes. Every one, I may state, that was in attendance on Mrs. B. was in a considerable state of alarm, and her mother who had been without sleep for two or three nights I found it prudent to have removed. Having allayed the fears of the friends as far as possible, I then proceeded to rupture the membranes. A large quantity of liquor amnii escaped, and having collected and measured it there were in all about twenty-three pints. The labor was then nearly the same in every respect as that of my former patient. The fœtus was dead and had been for some time. The head was much larger than normal, and there was little development of the parietal, frontal and temporal bones; but the cavity was densely filled with fluid, and there could be no doubt but the child had hydrocephalus. It was easy to press the head into any desired shape, as the bones seemed to be swallowed up, so to speak, in the general mass. There was the same peculiar odor as before. The funis was about thirty-five inches long, much thickened and of a gelatinous consistence. Mrs. B. experienced the greatest relief after the water was discharged and had a gentle sleep for about an hour afterwards, before the fœtus was expelled. I examined the placenta next day with the greatest care on coming home. It was a *fac-simile* of that of Mrs. M. The small ulcers were rather more extended and had the same quality of pus and disintegrated blood corpuscles; the placenta also presented that

greyish blue color so well known to practical accoucheurs. When I tore the placenta apart, in both cases it ruptured easily, and a sanious fluid oozed from the torn surfaces freely. These surfaces had a very ragged and peculiar look which I find difficult to describe. The blood vessels seemed to be easily detached from the engorged mass, the coats were much thickened and the same gelatinous coating extended to the funis.

The recovery of Mrs. B. was rapid and most satisfactory, and like Mrs. M. the vigor of the system seemed rather increased than otherwise.

Case 3. Last October I was called to see a Mrs. F., about ten miles from my residence. She differed from the foregoing cases in general constitution, as she was extremely delicate and easily excited. A very worthy gentleman of the profession had been attending her, and I had consulted with him about her before her confinement. I found considerable tension of the abdomen and pain in the pelvis and thighs, but there was not by any means so much dyspnoea as either of the others complained of. In fact the distention of the uterus was not so great. I at once ruptured the membranes and about eleven pints of fluid escaped. Mrs. F. obtained the same relief as the other patients, and I think even more in proportion. The fœtus was dead. The liquor amnii was natural and the funis was about twenty, seven inches long. About three weeks before her confinement she had fallen off a stool, and afterwards had some flooding to the extent of about a pint. I examined the placenta most carefully. It had the appearance of having been separated from the uterus to the extent of two and a-half or three inches previous to her confinement, and this part had a contused look on the free surface. In this part also there were the same small cysts of matter and bloody deposit, but the rest was quite normal and the funis likewise.

Here we have three cases of excessive liquor amnii; all the placentas were more or less diseased in a similar way, and all the fœtuses were dead. We can easily trace the cause in Mrs. F.'s case to an injury, but there was no such reason to be found in the others. I minutely enquired if such was the case, and was answered in the negative.

We have here then three cases with 34, 23 and 11 pints of liquor amnii respectively, and the agreement in symptoms

remarkable. The questions that naturally arise are : 1st. What is the cause of this ulcerated condition of the placenta? 2nd. Does this cause the excessive secretion of fluid? and 3rd. How is the amnion affected? I have little doubt in my own mind that the cause of abortions in general is this diseased and ulcerated condition of the placenta. I could mention many cases in proof of this, and I think I may safely state that in nearly all cases of abortion there is an excess of liquor amnii, and the amnion is much discolored, thickened in general or covered with small turgid masses or patches that are quite apparent to the naked eye. In cases of women who are almost unable to carry the fœtus to maturity, there is generally a weakness of a hereditary nature, often accompanied with strumous indications; or we find that there is a hyperæmic condition of the system, that requires to be carefully guarded against during gestation. In both cases I have known the placenta to be ulcerated. The placenta is the mainspring of all the mischief; the vessels distributed to the fœtus become diseased; the amnion next suffers, and its secreting surface is exasperated or chronically inflamed, and the liquid is cast off in an enormous excess. The fœtus dies, and at the proper time nature casts it forth.

The precise cause of ulcers in the substance of the placenta is not very easy of explanation. I would like to advance some ideas on this subject, but I am afraid of encroaching too much on the space of this number. In some future number I hope to renew the subject and mention other cases to the point. In the meantime, Mr. Editor, may I through your pages ask the assistance of other gentlemen in the profession, to inform us of similar cases and to give their ideas on the subject, as it is one of much importance. I have read several excellent treatises on the point, but still there is a great want of proper information. In closing at present, I sincerely hope that some of our brethren may step forward to assist in the elucidation of this intricate matter, and give us the benefit of their opinion upon it.

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## ON THE USE OF IPECAC. IN EPIDEMIC DYSENTERY.

BY HENRY M. JONES, M.D., MARMORA, ONT.

In 1868, during the months of July, August and September, a disease appeared, which, from the symptoms I observed, has induced me to call it by the above name. It was also called Canadian cholera and ship fever; characterized in nearly all the

cases that came under my notice by purging, more or less vomiting, paroxysms of fever, quick pulse, furred tongue, tenderness of abdomen upon pressure, and ulceration of the lower part of rectum, accompanied—when the fever made its appearance—by excruciating pain in that part of the bowel, which caused the patient to scream out in agony. At the time of its appearance here, it was spreading with fatal rapidity in the villages of Trenton and Stirling and along the Ridge Road in the townships of Rawdon and Huntingdon, and in these places a great many died. Six deaths occurred in this township. The disease was very baffling; old practitioners did not seem more successful than the younger ones. At the close of the epidemic, a remedy was brought into use with favorable results. This was ipecac. Hitherto all the most powerful astringents seemed to have no effect in stopping the discharge—opium being used almost to narcotism. I once thought of trying this remedy, but the vomiting in some cases being so bad, I hesitated about doing so, and did not use it till 1869, when I had a good chance of trying it in five or six cases of the same disease, with good success. At the outset, I gave to an adult thirty grains of ipecac. and ten minims of laudanum; after that, from three to four grains every three hours. Mild astringent injections were used for the purpose of allaying the irritation of the rectum; opium internally to relieve pain; supporting the strength, when necessary, with beef tea, wine and stimulant tonics. I thought more highly of this remedy than of any of the astringents I had used, for these reasons: that it did not check the discharge all at once, but controlled it; and when it had obtained its full effect it set up a healthy reaction of the bowels, which did away with the necessity of using laxative medicines. The bowels appeared, from the discharge, to be covered over by an increased mucous secretion, which prevented astringents from operating favorably; whereas, by giving ipecac., the peristaltic action of the bowels was increased, and by this means they were relieved of this irritating secretion. Ipecac., by helping to reduce the circulation and acting as an expectorant and diaphoretic, would have a tendency to check any morbid influence that might be secretly at work. Lastly, that opium and other astringents tend to check some of the important secretions of the body. Ipecac., on the other hand, by its diaphoretic and expectorant properties, seems to

increase rather than decrease them. I also noticed that the vomiting was not increased, but, on the contrary, it seemed to allay this distressing symptom. As I had good opportunities of watching my patients during the administration of ipecac., I formed an idea that though they were in a dangerous state, as soon as there was a feeling of nausea developed, the prognosis would be favorable. How far I am right I cannot at present determine, for I had only six dangerous cases under my care, and all recovered. If there should be any epidemic this summer, I shall most certainly try, by careful watching, to ascertain whether I am right or wrong. If any of my older brethren can give any more information on this subject, I shall be very glad to hear from them.

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### CORRESPONDENCE.

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(To the Editor of the *Canada Lancet*.)

SIR,—I saw in your issue of last month a well deserved stricture on the conduct of Dr. H. Strange, Registrar of the Council, by Dr. Saunders, of Kingston.

The Medical Registrar is undoubtedly the wrong man in the wrong place, for he has shown himself extremely careless and most shamefully remiss in the performance of the functions of his office. I had much difficulty in getting my license from him, after having kept it in his possession for some months, and I know of several others who were similarly treated. It caused me extreme annoyance, at a very particular time; and when my registration certificate did come to hand, neither apology nor explanation accompanied it. He appears to regard such flagrant remissness with the utmost complacency, and shows a "brilliant" contempt for the medical men of Ontario. I hope he will soon be removed from a position he seems totally unqualified to fill, as he is regarded by many members of the profession as a public nuisance.

Please give this a place in the next issue of the *Lancet*, as it may help to call the attention of the proper authorities in such a way as to compel him to resign, as he should do, or be forcibly removed.

Yours truly,

JOHN H. GARNER, M.D.

Lucknow, Feb. 9, 1871.

(To the Editor of the Canada Lancet.)

MR. EDITOR,—I have had a diploma in the Registry office for nearly ten months, for which I have written time and again without effect; and as I am now about to enter an action in order to recover it, who will be the defendant in the case,—Dr. Strange, or the Medical Council? I request the favor of an answer in the “Lancet.”

Yours truly,

H. BIGHAM.

Fenelon Falls, Feb. 21, 1871.

[The Medical Council would most undoubtedly be the defendant to such an action. The Registrar is the paid officer of the Council, and as such is responsible to that body; while the latter are responsible to the public for the proper performance of his duties as their paid servant.]—ED.

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## The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

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*Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the “Editor Canada Lancet,” Toronto,*

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TORONTO, MARCH 1, 1871.

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### AMALGAMATION OF MEDICAL COLLEGES.

We notice in the January (11th) number of the “Medical Press and Circular,” an article on the proposed amalgamation of the London medical schools. The proposal to amalgamate some of the London schools has been under discussion for some time past. University College and the Middlesex and St. Mary’s Hospitals have such a move in contemplation, and will, if carried out, form a very efficient school, with a large staff of teachers, and cannot fail to prove highly advantageous to medical students. Under this arrangement, the student will have access to all the lectures he may choose to attend, upon payment of one

fee, and the clinical advantages of all the three hospitals will be gained in addition. There will of course be no advantage in this to the junior student, who will best consult his own interest by close work in the dissecting room of one of these institutions, and by mastering the elementary part of his work first; but for the advanced student it cannot fail to prove highly advantageous, by giving him more enlarged views, and a more complete knowledge of the profession, than if he had confined his studies to any one institution. A regular training in clinical work is most assuredly of the utmost importance to the senior student, and this arrangement will present such advantages in this respect as are seldom afforded.

Some of our most successful medical men are those who have spent more than the usual time in clinical study, at the various hospitals in the large cities of both the old and new world; and although a little more time and money were expended in acquiring their professional education, it has been more than counterbalanced by the advantages they have derived from so intimate an acquaintance with disease in all its forms, and the most approved plans of treatment. We are sure that no one regrets the extra time spent in this way, and we look upon the move in the direction above indicated, as tending to the same object, and that at much less expense and inconvenience to the student.

In carrying out this scheme, some of the teachers will be obliged to give way, as the union of the three Faculties, in their entirety, would be too cumbersome, and we have no doubt some difficulty will be experienced on this point; but the fact that nearly all of them are advocates of this scheme shows that they possess that amount of self-denial which characterizes all our best men. It is quite possible that in this, as in a great many other instances, the best men may not be selected for the various Chairs in the amalgamated School; but no private interests or undue influence should be allowed to prevent the appointment of the best and most suitable men, and if this is satisfactorily carried out, we can see no reason why the change will not prove of immense advantage to all concerned. We wish them all success.

We also look forward to the time, not far distant, when such an amalgamation will become a matter of expediency among ourselves. The interests of medical education are not best promoted



by a large number of medical schools; but by the marked efficiency of those which have the confidence of the public. Small schools are very discouraging to the teachers, and anything but attractive to the students, and hence it is that a number of our students prefer to go to New York, Philadelphia and elsewhere every year, who might be induced to remain at home.

We are fully aware that the discussion of this subject at the present time is premature; but we have no hesitation in saying that in due time this matter will be forced upon the attention of the College authorities, and the expediency of lessening instead of increasing the number of teaching bodies, both in arts and medicine, and increasing the efficiency of those remaining, will be most strongly insisted upon.

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## THE SOCIAL EVIL.

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Our friends over the way have been greatly exercised of late in reference to the best means of suppressing this vice. In St. Louis, the French scheme, with some slight modifications, has been in force for some time, and it is proposed to introduce it into all the large cities of the Republic.

It is argued by those who are advocates of the French system, that, since it is impossible to suppress prostitution by police regulations, it is better to license it and put it under sanitary control, in the hope of limiting the spread of venereal diseases. On the other hand it is urged that the licensing system is contrary to the spirit of the age and the genius of a free people, and because prostitution cannot be suppressed by police measures, is no reason that it should be licensed any more than that gambling, larceny or murder should be licensed.

Many attempts have been made, both in ancient and modern times, to suppress prostitution by the power of the law; but they have almost invariably failed, and ended either in a tacit or expressed toleration of the vice. This is no doubt owing to the fact, that the officers of the law are thwarted in their efforts by the secrecy of the crime, the collusion of the guilty parties, and the want of that moral sentiment of educated and enlightened public opinion that ought to prevail. It has also had the

effect, when pressed to the utmost rigor of the law, of breaking up the dens of infamy and forcing the strumpets into service, and thus they have found their way into the houses of many respectable families, where their lewdness and evil influence have been exerted on the minds of hitherto innocent youths of both sexes.

The adoption of the license system has also been most unsuccessful in lessening the prevalence of this vice and the diseases resulting from it. According to this system or regulation, all prostitutes are tolerated who register their names as such with the police. They must live in parts of the city assigned them by the police, and subject themselves to medical inspection once or twice a-week; and when found diseased, they are sent to a prison hospital until cured. Now this seems, on the face of it, a most effectual way of lessening the spread of venereal disease; but in practice it is found a very different thing. Every medical man knows that a prostitute who has been with a syphilitic man, though quite healthy herself, remains for several days as dangerous as though she was herself the subject of that disease; so that no amount of vigilance on the part of the physician can prevent the spread of the disease. Besides, only a very small proportion of the prostitutes can be forced to register. In Paris, out of about 30,000 prostitutes, only about 3,000 are registered, or 1 in 10; so that in defiance of authority and the vigilance of the police, nine-tenths of these women refuse to register, and carry on their avocation clandestinely. The reason of this is, in the first place, that men who frequent such places, for obvious reasons, show a preference for clandestine women; and the women themselves revolt at the idea of being publicly registered as prostitutes, without any hope of reform or return to respectability. Most women, too, abhor the medical examination of their persons; and the more so, as in case they are found diseased, they are imprisoned in a hospital until cured, a period sometimes of many months; and therefore it is not to be wondered at that the license system has been a failure, both in the effort to prevent the spread of disease, and bringing under control the worst class of prostitutes.

The best plan for the reform of this class is undoubtedly the common sense one—that of a tacit toleration in the meantime, the exercise of constant vigilance on the part of the police to

prevent further increase in the number of houses, the breaking up of the more disorderly, and the imposition of frequent and heavy fines. The fines should go to the support of a special hospital or department of a general hospital for the cure of venereal diseases, where those infected—both male and female—could go for relief.

In addition to this, most strenuous efforts should be made, by Christian men and women, towards the reform of this class. Houses of refuge should be liberally supported, and made as attractive and useful as the circumstances will admit.

In this way police power, religion and philanthropy would all work harmoniously in the maintenance of order, the abatement of disease in its most hideous forms, and the amelioration and improvement of mankind.

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### TO SUBSCRIBERS.

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We regret very much that we have been unable to supply all our subscribers during the past month. We received between 300 and 400 new subscribers during the month of January, and a large proportion of these have not been supplied with copies of the February number, as we issued only 1,000 copies for that month. We have, however, issued 1,200 copies for the month of March, so that those new subscribers, who have not received the February number, may consider their subscriptions to commence on the 1st of March, instead of the 1st of January. Our subscription list has been steadily and rapidly increasing since we assumed the management last September, and we feel very grateful to our friends and the profession generally, for their liberal encouragement and support in our enterprise.

The following will give some idea of the rapid increase of the circulation of this journal, and we mention it in no boastful spirit, but as evidence that a well conducted journal *can* and *will* be supported by the medical profession :

Number of copies required for September .....	400*
“ “ “ “ October .....	500
“ “ “ “ November .....	550
“ “ “ “ December .....	650
“ “ “ “ January .....	700
“ “ “ “ February .....	1000
“ “ “ “ March .....	1200

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\* This was the number required for the *Dominion Medical Journal*.

We have also been most abundantly supplied during the past month with original matter for our pages, some of which has been held over for the next month. This, we take it, is unmistakeable evidence of the interest which has been awakened, by the contribution of new and original matter by different parties, within the past few months, and augurs well for the future success of the journal in this respect.

We must also return our thanks to those subscribers who have so promptly remitted the amount of subscription due; and we would take the liberty of saying that we have a supply of thanks on hand, for those who have not yet done so, but who, we have no doubt, will remit at their earliest convenience.

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We regret to announce the death of Prof. George T. Elliott, M.D., of New York. He was born in the city of New York, May 11th, 1827. He graduated at Columbia College in 1845, and immediately began the study of medicine under Dr. Valentine Mott, and graduated in the spring of 1849. Since 1861 he has been Professor of obstetrics and diseases of women and children in Bellevue Hospital Medical College, in conjunction with Profs. Taylor and Barker. His death was caused by apoplexy.

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#### TORONTO EYE AND EAR INFIRMARY.

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We have much pleasure in directing attention to this valuable charity, the third annual report of which (for 1870) is now before us.

This institution was opened originally as a Dispensary (at No. 12 Shuter-st.), in May, 1867, the necessary funds being contributed by the citizens of Toronto. It was continued as a dispensary for more than two years, patients from a distance, during that period, being operated upon at their boarding houses. Early in 1870, the local Legislature appropriated the sum of \$1,000 as an annual grant, more especially for the purpose of maintaining emigrants and lumbermen while under treatment. In March, 1870, the institution was moved to larger premises, at 21 Adelaide-st. west, consisting of a brick building, three and a-half storeys high, with accommodation for about 16 *intern*

patients, and with a dispensary department for *extern* patients.

From the last report, we learn that the number of patients admitted during the three years, ending May, 1870, was 411. Of these, 36 were ear-patients, and 375 eye-patients. According to the report, the large number of 348 were either cured or relieved, 18 left while under treatment, 7 were incurable, 4 were unimproved, in 2 cases the result was not known, and 32 were still under treatment at the end of the year.

There are recorded, 20 cases of phlyctenular conjunctivitis, 70 cases of phlyctenular keratitis, and 25 cases of ulceration of the cornea,—diseases resulting directly from impaired nutrition, and many of them dependent upon a scrofulous habit. This class of cases seems to form over 25 per cent. of eye diseases treated at this institution.

The operations for the first year, it seems, were not recorded; but, for the last two years, there are recorded 108 surgical operations, 39 of which were for iridectomy, and 20 for cataract. We notice that in all the cases of senile cataract (8 in number), the operation was by extraction, and we learn that the “flap” operation is preferred by the surgeons of this institution, to the “modified linear,” as practised by the late Prof. Von Graefé and other German oculists.

The experience of the Toronto Eye and Ear Infirmary, during the past three years, has fully confirmed an opinion to which practical expression was long ago given in Great Britain and the United States, viz., that diseases of the eye and ear are more likely to be successfully treated at institutions especially designed for and adapted to their treatment, than at General hospitals.

The institution is under the management of a board of twelve directors, who are chosen annually at a meeting of the subscribers. The officers are a surgeon, an assistant-surgeon, a consulting surgeon, a steward and a matron. The charge for board for *intern* patients is \$3 a-week, which must be paid in advance either by the friends of the patients or the municipality sending them. There is no preliminary form of application necessary. Private patients are not admitted. The institution is for the poor only.

Further information may be obtained from the President, A. T. McCord, Esq., City Chamberlain, Toronto, or W. T. Mason, Esq., Secretary.

Medical officers.	{	DR. ROSEBRUGH, Surgeon.
		DR. REEVES, Assistant-Surgeon.
		DR. CANNIFF, Consulting Surgeon.

We are informed, on good authority, that the medical department of Trinity College, Toronto, is to be revived and re-opened for active duty on the 1st of October of the current year. We have not as yet been fully informed as to the *personnel* of the staff; but it is positively stated that the old medical faculty of Trinity College will form the *nucleus* of the faculty in this department. The tests have been set aside. Examiners have been appointed for the examination of candidates for the degree in medicine of this university in the ensuing spring. We defer any further remarks on this subject until some future number

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George Wilkins, Esq., M.D., of Toronto, has lately passed a successful examination before the Court of Examiners of the Royal College of Surgeons, England, and was admitted a member of the college. Considerable time has elapsed since Dr. Wilkins obtained his degree in Canada, during which he has been acting in the capacity of surgeon on board steamers plying between Europe and America.

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Mr. Sidney Jones, F.R.C.S., has lately been elected staff-surgeon at St. Thomas' Hospital, London, England. Mr. Jones was an old student of St. Thomas' Hospital Medical School, and has for a long time occupied the position of Senior Assistant-Surgeon and Lecturer on Ophthalmic Surgery, and on Descriptive and Surgical Anatomy at the Hospital. His friends will be glad to hear of his promotion to such an honorable and responsible position.

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#### THE LATE DR. MAYO.

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The death of Thomas Mayo, M.D., F.R.S., formerly President of the College of Physicians, and a distinguished writer on medical subjects, is announced as having occurred at Corsham, on the 18th of January. He was born in London in 1790, being a son of the late John Mayo, M.D., and from Westminster school preceeded to Oxford, where he became a Fellow of the Oriel College, and took the degree of M.D. in 1818. In the following year he became a Fellow of the Royal College of Physicians of London, and in 1856 he was elected President of that institution.

Dr. Mayo acted for many years as physician to the Marylebone Infirmary. His principal works are *Elements of the Pathology of the Mind*, 1838; *Clinical Facts and Reflections*, 1847; *Outlines of Medical Proof Revised*, 1850; and a treatise *On Medical Testimony and Evidence in Cases of Lunacy, with Essays on Soundness of Mind*, 1854.

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## Selected Articles.

### SURGERY.

#### THE TREATMENT OF ULCERS AND OTHER GRANULATING SURFACES BY TRANSPLANTATION OF SKIN.

[This ingenious method for the healing of ulcers which have resisted other methods of treatment was the invention of M. Reverdin, and it was first tried in London at St. George's Hospital last May, by Mr. Pollock, since which time it has been widely adopted, and with unexceptionably favourable results when employed in suitable cases. The procedure is exceedingly simple, and may be thus described:—Having waited until the wound or ulcer has assumed a healthy granulating appearance, a bit of the whole thickness of the skin, say the size of half a split pea, but without any of the subcutaneous cellular tissue, is pinched up from the inner side of the arm, and removed with a sharp scalpel or scissors, curved on the flat. If the granulations are perfectly healthy and florid, the little bit is then pressed flat, with its under surface upon the granulations, and kept firmly applied by a strip of isinglass plaster passed across the ulcer. This form of plaster is useful in permitting the surgeon to see through it and watch the fate of the graft. Should the granulations be old and feeble, it will be better to follow the plan of Mr. Dobson, of Bristol, who divides on his thumb-nail the small bit of skin into five, seven, or nine pieces, as the case may be. He then makes a superficial incision into the granulations, waits until the slight bleeding has ceased, and inserts the grafts on the point of a needle. Care must be taken not to make too deep an insertion, or the graft will be entirely enveloped, and will be

longer in showing itself. The plaster may be left for five days or a week, by which time the graft will have become firmly attached to its new bed, and, perhaps, if very small, imbedded and hidden among the granulations. It will soon, however, become again apparent, and then, with a lens, the characteristic blue line of growing cicatricial tissue will be discerned surrounding it.]

As regards the behaviour of these minute portions of skin in their novel situation, Mr. Dobson, speaking generally, says: "At about the second day the cuticle begins to separate; by the fourth day only a faint pale spot marks the insertion, or there may be no evidence of it left at all; by the sixth day a faintly vascular spot of granulation appears. This becomes glazed and in a few days more the usual covering of cicatrix is formed. The patch is usually circular, and presents slight ridges, and continues to increase in size circularly until it reaches its maximum of growth. I have never seen a patch larger than a florin, and I have now seen large numbers of them. I should say that the average growth will not exceed the size of a sixpence.

The size of the piece of skin grafted seems to be somewhat a matter of fancy. Mr. Dobson, for example, seems to prefer to divide a bit not larger than half a split pea into from five to twelve pieces, and dot these over the surface of the granulations in such a manner and sufficiently close together as to speedily subdivide the original sore by their coalescence. At St. George's Hospital, Mr. Pollock uses minute portions, not exceeding millet seeds in size. Mr. Mason, of the Westminster Hospital prefers pieces of the size of a canary seed. At the Charing Cross Hospital, Mr. Bellamy employs very small grafts. At the University College Hospital, Mr. Heath uses small bits, the largest being the size of a split pea; while Mr. Lawson has treated most successfully at the Middlesex Hospital, two ulcers of the leg with grafts as large as sixpenny pieces.

As illustrations of the practice, we subjoin the following cases. The first eight are from the *Lancet*, and were under the care of Mr. Mason. The first case is that of a woman who for three years had an ulcer of the leg, measuring four inches by three. Three pieces of skin of the size of a canary seed were snipped from the front of the upper arm, and simply placed on



the ulcer, and retained in position by a strip of transparent plaster, and over this water dressing and a bandage were applied. At the end of a month the ulcer had nearly healed, and each of these pieces having, in a month, attained the size of a fourpenny piece.

The second case was that of a man with a flabby-looking ulcer as large as the hand, situated in the groin. Four small pieces from the front of the upper arm were grafted. Three failed to grow, and the fourth, after one month, was only of the size of a pea.

The third case was a woman with an unhealthy ulcer of the leg, extending nearly all round the limb. Four pieces were grafted and they all failed to grow.

The fourth, a woman with an ulcer of the leg, of four years' standing and two by three inches in size. Two pieces of skin were grafted, and in three weeks measured each a quarter of an inch in diameter.

The fifth, a man of middle age, with an ulcer of the leg, four by three inches in size, of nearly four years' standing, which was sloughing at the time of admission. Charcoal and linseed poultices were first applied, and the wound soon showed fairly healthy granulations, on which four pieces were grafted, and on the strips being removed four days later, they were all found to have adhered. When seen eleven days after the operation, they were spreading rapidly.

The sixth, a girl, aged twenty, with a flabby ulcer on the thigh, of eight months' standing. Two pieces were grafted with good result. In the seventh and eighth cases there were smaller ulcers, in which one piece only was grafted. They rapidly recovered.

In the second and third instances the failures arose from the trial being made upon unhealthy ulcers. A graft may, moreover, fail from want of delicacy or from carelessness in the manipulation; for it is just one of those procedures which, though simple and easy of execution, require care and attention to minute details.

A typical example of healing of a large indolent ulcer from a burn occurred in the practice of Mr. Dobson. A lad, fifteen years of age, had received a fearful gunpowder burn of the abdomen, which, after the greater portion of the resulting wound had

cicatrized, left a granulating surface eight inches long by five wide, which had for nearly six months refused to heal. Altogether, there were seven pieces of skin removed from the inner side of the arm, which by subdivision yielded about forty grafts, by far the greater number of which lived in their new home. They were inserted pretty closely together and in twelve weeks cicatrization was complete. In the following case from the *Medical Times and Gazette*, a large graft was used :—

“A man, aged twenty-four years, had been suffering from ulcers on the legs for three years, the sores sometimes healing over, but they had never been so bad as at the date of admission (Middlesex Hospital). On September 22, upon one of these ulcers, which had now assumed the appearance of a healthy granulating sore, two and a half inches square, Mr. Lawson grafted a piece of skin nearly as large as a sixpence, taken from the arm. During the first week the fate of the bit seemed uncertain, but by the seventh day it was clearly living, and more vascular looking than before, and it thenceforward continued to spread rapidly. When we saw the man again on October 18, the ulcer had completely healed, but the transplanted skin was readily discernible as a slightly elevated island of natural integument in the midst of a surface of glazed cicatricial tissue.—*Medical Times*.

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### CASE OF ALLEGED MALPRACTICE.

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BY JOHN J. REESE, M.D.,

Professor of Medical Jurisprudence and Toxicology in the  
University of Pennsylvania.

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Cases in law, in which an action has been brought for alleged malpractice, have, within the past few years, become increasingly frequent, both in Philadelphia and New York. Unprincipled patients, who have been wisely and skillfully treated by experienced surgeons for diseases the cure of which must necessarily entail some deformity—such as certain fractures and luxations, caries of the spine, etc.—not unfrequently exhibit their appreciation of the attention and skill of their surgeon by dragging him into court in a suit for heavy damages for alleged

malpractice in their case. That this is a most flagrant wrong to the practitioner, as well as the grossest outrage against justice and humanity, none will deny. But the glaring violation of right may not always be vindicated in the courts of justice, and a stupid and prejudiced jury *may not* always render a verdict in accordance with truth and equity. Hence it becomes a matter of the utmost importance to the profession to protect itself against all such flagitious attacks.

In nearly every case we may be certain that the plaintiff is prompted by the base desire of pecuniary gain, hoping to realize a handsome profit by his infamous scheme; and in too many instances, it is to be feared, he is instigated, by some wretched hanger-on of the law, or, it may be, even by some so-called doctor, who has been promised beforehand a goodly share in the expected plunder.

A case of this nature (*Haire vs. Reese*) which lately occurred in this city, and in which the writer was the defendant, has excited a good deal of interest in both the medical and legal professions, inasmuch as it involved certain questions of importance, both in a professional and scientific point of view. The very able charge of Judge Thayer exhibited all the main points with sufficient clearness; but it may not be amiss to give a synopsis of the case in order that it may prove of service to some brother hereafter who may be so unfortunate as to meet with an equally unscrupulous and vicious customer.

On the 2nd day of February, 1869, I was hastily summoned to the Colored House of Refuge, to attend a man who had, while painting the house, fallen from the second-story window upon the stone pavement beneath, about twenty-five feet distant. His fall had been somewhat broken by his lighting first upon the railings, and then being thrown off upon the ground. I found him bleeding profusely from a lacerated wound in the scalp, and groaning piteously from pain about the right hip, on which the force of the blow appeared to have been spent. My first duty was to arrest the hemorrhage from the head. On examination I found no fracture of the skull, and consciousness was perfect. On next proceeding to examine the condition of his hip and leg, so great was the agony expressed on the slightest movement of the limb, that I desisted from further attempts until I could have him removed to his own home, where I might etherize him, and

so institute a careful and thorough examination. I accordingly had him placed in a covered spring waggon, upon a bed, and thus conveyed to his residence, some three miles distant. I preceded him to his house, in order to be prepared for his arrival, where I had a bed made ready for him in a lower room. After a complete anæsthesia, I proceeded to make a thorough exploration of his limb. To my surprise, I found neither fracture nor dislocation, although I examined him most carefully. On drawing the limb down, there was neither shortening nor lengthening discovered; neither inversion nor eversion of the foot; and on rotating the thigh, with one hand on the hip joint, there was not the slightest crepitation. In fact, there was an entire absence of all the symptoms of either fracture or luxation about the hip. The shaft of the femur was likewise uninjured. The case was simply one of excessive contusion about the great trochanter, in which the muscles and nerves suffered primarily; but which, as will be seen, subsequently resulted in some shortening of the limb. I had the patient carefully placed in bed, on his back, and kept at perfect rest. Anodyne lotions (lead water and laudanum) were at first kept constantly applied to the hip, which continued extremely painful; and subsequently slightly stimulating and anodyne applications were made. Under this treatment the man began slowly to improve; his pain diminished though the swelling about the hip did not entirely disappear.

Three weeks after the accident, feeling anxious lest possibly I might have made an error in my diagnosis, and lest there might have been a fracture of the neck of the femur, I asked my friend, Dr. D. Hayes Agnew, Surgeon of the Pennsylvania Hospital, to see the patient with me, which he kindly consented to do. Together we again instituted a most critical and searching examination, by all the methods known in surgery. The man was laid upon his back, and his legs carefully measured, both by comparing them with one another, and also by the tape-line. Then rotation of the thigh was practiced, one hand being held over the joint, in order to discover any crepitation, as well as to notice the arc described in the movement of the trochanter. Next he was made to stand upon the sound limb and swing the affected one to and fro. From all these various means employed, Dr. Agnew arrived at the conclusion that there was certainly no sign of either fracture or dislocation, thus confirming my original

diagnosis, that it was simply a case of contusion of the hip. I continued to visit him until May 10th, a period of just fourteen weeks, seeing him every day for the first week, and subsequently less frequently,—making him in all, twenty-one visits. About a week before I ceased my attendance, I permitted him to walk about on crutchés, which he was able to do with considerable facility, although he could not put his foot to the ground without still feeling pain in the hip joint.

I heard nothing more of this man until the month of August following, when I was rather astonished at receiving a note from an attorney, apprising me that my quondam patient, who I was fondly imagining, was cherishing grateful recollections of my kind attentions, (for he has never paid me a farthing for my services) had commenced a suit against me for damages for causing him to have a shortened limb; alleging that this had resulted from my want of skill and attention to him! I soon satisfied this legal gentleman that there were no grounds for an action, when he at once abandoned the case. About a week afterwards I received another similar missive from a *second* attorney. This gentleman likewise threw up the case as soon as I convinced him of the absurdity of the allegation. But, what was most extraordinary, my friend, Dr. Agnew, who only saw the patient once in consultation, and who did nothing but—what my learned counsel tersely observed in his cross examination of the plaintiff “—measure his legs,” was also sued at the same time by our aggrieved patient. We heard nothing further from our friend for about six months, when we received a notice from a *third* attorney that our cases would now certainly be pushed to a trial. In the mean time, however, still another member of the legal profession—the *fourth*—had been consulted, who, on hearing the circumstances of the case, wisely declined having anything to do with it.

Dr. Agnew's case was the first called up, in May last; but it was postponed. My own case, after having been also postponed at the plaintiff's request, was tried on the 17th and 18th of October last. I had never seen the man Haire since May, 1869, a period of more than seventeen months. He undoubtedly had, when I saw him in the court room, some shortening of the limb, and the testimony of several surgeons who had examined him about a year after his accident, was that shortening did

exist at the time of their examination. But there was not one of the medical witnesses for the prosecution who would, or could say that this shortening was the result of previous fracture of the thigh-bone; they all unhesitatingly admitted that shortening might be very properly accounted for by an interstitial absorption of the neck of the bone, occurring as the result of the contusion of the hip.

This was the ground which I took in my defence. I denied that there had ever been a fracture; in which opinion I felt fortified, both by my own original examination of the joint, and still more by the subsequent very careful and exhaustive examination of Dr. Agnew. I contended that the shortening of the limb was the result of the interstitial absorption of the neck of the thigh-bone, caused by the violent contusion of the trochanter, inasmuch as it did not show itself for several months after the injury. I was fortunately enabled to sustain my position, not only by appealing to the experience of my own medical witnesses,—the most distinguished surgeons and professors of our city,—but also by numerous morbid specimens, which completely illustrated my case, and which were so clearly exhibited by the defence, as to be perfectly intelligible even to the jury. I was also happily enabled to appeal to some very striking cases of a similar injury (contusion), recorded by Mr. Gulliver in vol. xlv. of the *Edinburgh Med. Jour.*, 1836, and also to the valuable lecture of Mr. Paget, in *Brit. Med. Jour.*, Feb. 19, 1870, both of which may be consulted with advantage as throwing much light on this often obscure point,—“the cause of shortening of the leg as the result of direct injury to the hip.”

The able charge of the judge reviews the whole ground. The well-established point of law, that an action for malpractice can be sustained only by proving a want of ordinary skill and of attention on the part of the defendant, is prominently re-affirmed; and the proofs of the contrary in the present case are clearly set forth. The scientific portion of the defence is also sufficiently elucidated and dwelt upon. After a clear expression of his own convictions from the testimony given, the judge sent the case to the jury, who, without leaving their box, returned a verdict for the defendant; the costs to be paid by the plaintiff.

I feel under the deepest obligations to all my professional brethren, who have so kindly sympathized with and sustained

me in this vexatious case. To my friends Profs. Gross and Agnew, and Drs. Brinton, Levis and Packard,—all eminent surgeons connected with our largest hospitals,—and likewise to Drs. Duffie, Hurst and Schrottz, who, though called by the plaintiff, really rendered me most valuable aid in the cross-examination by their candid and lucid statements, I owe especial thanks.

I will only state, in conclusion, that I regarded it as a matter of principle, and as a duty which I owed to the profession, fearlessly to meet this lawsuit, which I might easily have avoided by listening to the base proposals of the plaintiff's counsel to pay black-mail. I felt that the honor of our common profession was on trial; and I cannot but congratulate my brethren, as well as myself, that the victory was won.—*Medical Times*.

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## M I D W I F E R Y.

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### A NEW NEEDLE FOR INTRODUCING THE SUTURES IN RUPTURE OF THE PERINÆUM.

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BY ALEXANDER J. C. SKENE, M. D.,

Professor of diseases of women and Clinical Obstetrics in the Long Island College Hospital, Brooklyn, N. Y.

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Rupture of the perinæum has claimed much of my attention from the fact that cases suffering from this accident are numerous—much more so than is generally supposed by the profession.

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With a view to overcoming the obstacles so frequently encountered in the operation, I have devised a needle, which has been found to answer well the purpose for which it was intended. It is about four inches long, and slightly curved towards the point. The eye, which is about three-eighths of an inch from the point, has a groove on each side, running longitudinally both ways, and of sufficient depth for the wire to lie in it when being introduced. There is a small notch cut from the circumference into the eye, large enough to admit a medium-sized silver wire. Through this notch a loop of the wire is carried into the eye, and the ends are pressed into the grooves and carried back through a notch to the handle, which holds them so that the top cannot slip out of the eye.

The needle thus armed is entered on the left side at a proper distance from the edge of the fissure, and carried through, so as to emerge on the vaginal surface. The loop of the double wire is then lifted out of the needle's eye, through the notch with the tenaculum or finger-nail, and held while the needle is withdrawn. The needle is then introduced, unarmed, on the right side, at a point corresponding exactly to where the wire is located on the other side. The loop of wire projecting on the vaginal surface is then hooked up and carried into the eye of the needle through the notch. The needle is then withdrawn and the wire brought with it. In other words, the double wire is carried through the one side in the same way that the thread is put through the cloth by the sewing-machine needle, and it is brought out through the other side in the same way that the stitch is made with the crochet needle.

When all the sutures required are introduced, the ends are secured on the right side by passing a piece of gum-elastic catheter through the loops; or, what is better, a piece of hard rubber, oval in shape and notched on the edges at short intervals, into which the loops are carried. The sutures, thus secured at one end, are properly adjusted and tightened, and the loose ends on the left side are brought round another catheter or piece of rubber, and made fast by twisting.

It will be observed that I use *double wire*, believing that it is less liable to cut than the single wire. But the single wire, if preferred, may be used as easily with this needle.

The superficial sutures are introduced in the usual way; but in place of using wire or silk, I employ *horse-hair*, which I consider superior to either of the others, being more easily manipulated than wire, and not liable to cause irritation, even when left in for many days.

§ The facility with which I have been able to introduce the sutures with this needle in the heretofore rather troublesome operation of *rupture of the perineum*, has induced me to make it public, believing that others who have met with the same inconvenience as myself, will find the instrument both useful and convenient.

Fears were entertained that the notch would catch in the tissues, and thereby obstruct the introduction of the needle, but practically, this has not given me any trouble.

Mr. Stohlmann, of the firm of Tiemann & Co., where the instrument was made, suggests that this needle would answer admirably for the operation of cleft palate and similar operations; but as I have no experience in such operations, and do not expect to have any, I leave it to others to test its value, if, in their estimation, it possesses any in this branch of surgery.—*Medical Record*.



PLACENTA PRÆVIA.

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Dr. Storer, at a meeting of the "Boston Society for Medical Improvement," reported the following case:

"I was called, a few weeks since, to a lady in the eighth month of her pregnancy with her eighth child. I had attended her in seven of her confinements; she had always done well. Now, without any premonition, while sitting with her family, she was alarmed by a profuse hæmorrhage from the vagina. She was immediately removed to her chamber, and I was sent for. Arriving at her house in a very short time, I found her in bed, literally blanched by the loss of blood, gasping for breath, and her pulse scarcely perceptible. Upon raising the bedclothes, the hæmorrhage was found to be extreme. Introducing my finger into the vagina, the os was felt to have scarcely commenced dilatation; the extremity only of the finger could be passed into it. I immediately sent for ergot, and felt I must act at once, if my patient was to be saved; the tampon seemed out of the question, as the little additional blood which would inevitably be lost previous to its being checked by this method might destroy her. Accordingly, while stimulants were being administered, I endeavored to dilate the os, and by considerable continued effort, was enabled to pass my finger into it, and to separate the placenta.

"Upon obtaining the ergot, half a drachm of the powder was exhibited in infusion. Almost immediately after the placenta was delivered, the bleeding lessened, and soon entirely ceased, and with its cessation my patient began to rally and my fears to diminish. In the course of half an hour ergotine pains commenced and continued quite active for some time, when, having ceased, and the os being now sufficiently dilated, the forceps were applied and the child readily delivered. No untoward symptom supervened after delivery, and the lady was as well, at the expiration of a fortnight, as she had been at the same period in previous confinements. I have not reported this case as a rare one, but to encourage any of my brethren who may find themselves similarly situated.—*Boston Med. and Surg. Journal.*

## MEDICINE.

### IMMEDIATE PRECAUTIONS AND AFTER-PRECAUTIONS IN CONTAGIOUS FEVERS.

The medical practitioner with whom every "five minutes" is of importance, requires a ready method for informing persons in fever houses how to avoid catching fevers and kindred complaints. Verbal communications have to be repeated, but printed directions given to the nurse could be easily referred to. In zymotic diseases, the following printed rules, kindly forwarded us by Mr. R. Hanslip Sers, medical officer of the Southwell Union District, Nottingham, will, with slight alterations, according to the case, do much towards preventing their fearful spread as simply and as speedily as possible.

#### IMMEDIATE PRECAUTIONS DURING CONTAGIOUS FEVERS.

1. Separation of the patient from the rest of the household.  
A sheet to be suspended in front of the bed-room door, previously dipped in solution of Condyl's Fluid, (one ounce of Condyl's Fluid to a gallon of water).
2. Perfect cleanliness.
  - \* "(a) All needless woollen or other draperies should be removed from the room in which the patient lies.
  - (b) All discharges from the patient should be received in vessels, in which chloride of lime or other disinfectant is constantly kept.
  - (c) All bed and body linen should be plunged into water, containing a disinfectant, immediately it is taken from the patient, and before it is taken from the room.
  - (d) Pocket handkerchiefs should not be used, but small pieces of rag, which should be burnt directly.
  - (e) Nurses and others whose hands come in contact with the patient, should wash them in water containing chloride of lime or other disinfectant, and afterwards in plain soap and water.
  - (f) All glasses, cups, &c., used by the patient, should be carefully cleansed before being used by others."
3. Free ventilation.  
Windows and doors alternately opened—the chimney not to be closed up.

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\* From Dr. Budd's directions.

4. Prompt removal of excreta.
5. All articles of clothing to be exposed to the action of boiling water, then rinse in water containing a disinfectant (one ounce of Condly's Fluid to a gallon of water).
6. Place lumps of wood charcoal about the room. In out places, fresh earth, or ashes, chloride of lime, &c.; pay attention to the state of the drains—also to the water for household purposes. Avoid drinking water obtained from sources near drains or cess-pools.

## AFTER-PRECAUTIONS.

1. The patient to have occasional warm baths at night, also moisten the skin as early as the fourth day with camphorated oil, and use Calvert's carbolic acid soap until the skin has completely cleared.
2. All articles of clothing to be disinfected.
3. Walls fresh papered and lime washed; furniture, floors, &c., to be disinfected; the mattress taken to pieces and well baked in an oven. The sick chamber may be thoroughly closed and sulphur burnt in it.

—*Med. Press and Circular.*

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## TORONTO HOSPITAL REPORTS.

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### SERVICE OF DR. AIKINS.

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#### MALIGNANT TUMOR ON THE UPPER EYELID.

George —, aged 9, Canadian, was admitted into the hospital for the removal of a large malignant tumor which appeared to grow from the upper eyelid. The growth (which was of seven weeks' duration) was about the size of a man's fist, excluding the eye from view, and resting on the side of the nose and cheek-bone. It had assumed a very malignant aspect; the integument was destroyed, and large, irregular and unhealthy fungous granulations covered the entire surface. It was disposed to bleed freely when interfered with, but was not painful. The eye was to all appearance perfectly healthy, and vision was not impaired. It was decided to remove the offensive mass as early as possible, and from its apparent situation, seemed a very favorable procedure. After remaining a few days in the hospital, the operation was performed before the class, by Dr. Aikins, assisted by Dr. Beaumont. At the commencement, an effort was

made to save the ciliary margin of the eyelid, so that there might be as little deformity as possible; but on dissecting down, it was found that the base of the tumor involved the structures at the posterior part of the eyeball, to such an extent, that complete extirpation of the eye became absolutely necessary to the entire removal of the malignant mass. The whole cavity of the orbit was therefore scooped out, and all suspicious-looking tissue completely removed. There was very little hæmorrhage. Recovery was very rapid, the boy being able to leave the hospital in about a fortnight after the operation. The tumor, when examined under the microscope, presented all the characteristic appearances of encephaloid or medullary cancer. Its rapid growth, its great vascularity, freedom from pain, and its peculiarity of structure, all pointed in the same direction; and although the boy is relieved for the present, from a disagreeable and offensive mass, it is altogether likely that it will, sooner or, later, return in all its virulence, and ultimately secure its victim.

#### COMPOUND COMMINUTED FRACTURE OF THE ARM.

James H—, aged 39, Canadian, was admitted into the hospital February 2nd, in consequence of a severe compound comminuted fracture of the arm. He was employed as a cooper in Aldwell's brewery, and having occasion to go into the engine-room to adjust the shaft of the pump, he stood up on a barrel, and the head giving way, he fell over upon the fly-wheel, and while still clinging to the pump shaft with one hand, the other was caught and severely fractured and lacerated by the action of the fly-wheel. The ulna and radius were both broken about the junction of the lower with the upper two-thirds of the shaft, and the tissue of the posterior surface of the forearm severely bruised and lacerated. These bones, especially the ulna, were also very much comminuted in the region of the elbow-joint, and through a large opening in the tissues the trochlear surface of the humerus could be distinctly felt on the introduction of the finger. The tissue was also separated from the bone a considerable distance down the shaft of the ulna.

Notwithstanding the severe nature of the injury, pulsation and sensation remained undisturbed. It was proposed to place the patient under the influence of chloroform, and proceed as in a case of re-section, by opening up the joint and removing any

fragments of bone that were lying loose, and make an effort to save the limb if possible; or amputate, if the circumstances did not warrant an attempt at saving it. But to this the man most strenuously objected. The arm was therefore supported on a pillow and placed on an inclined plane, the anterior extremity being raised and the forearm forming an angle with the arm. Slight extension was kept up by a weight attached to the hand. The patient was put upon low diet. There was a good deal of swelling, which subsided to a considerable extent in a few days. The limb then commenced to suppurate, and poultices were freely applied. The diet was then improved by the addition of a pint of milk night and morning. The patient is now in a fair way of improving, and the case promises to result more favorably than was at first anticipated. In all probability some small pieces of bone will require removal, before the wound closes up. The utility of the joint will no doubt be very seriously impaired.

#### CASE OF FRACTURE OF THE NECK OF THE FEMUR.

Michael M——, aged 35, Irish, was admitted into the Hospital on January 18th. He was injured in Barrie about two months previous to admission by the falling of a case of goods which he was assisting in raising. The case fell on his right thigh. The doctors who were then called in, diagnosed dislocation of the hip joint, treated him accordingly, and pronounced it reduced; but he continued quite lame, and was only able to move about on crutches. He subsequently returned to the city, and presented himself for admission to the General Hospital, where he still remains. There is rigidity of the muscles about the hip, shortening of the limb, flexion of the knee and inversion of the foot. Distinct crepitus may be felt in the region of the neck of the femur, attended with more or less pain on rotating the limb. Although the majority of the symptoms point towards fracture of the neck, the case is rather an obscure one. He was placed in bed on a firm mattress, and extension applied by means of a pulley and weight of about 15lbs, with the view of straightening the limb, no splint or kindred appliance being deemed necessary,

The mode of extension by means of a pulley and weight in use in the Hospital is of exceedingly simple construction. An upright post, about four feet long, is fastened to the floor at the foot of

the bed, and a mortice is made through it on a level with the bed; in this the pulley is fastened by a small bolt, for the reception of which several holes are made, so that the pulley may be raised or lowered to suit the requirements of the case. Adhesive straps are then applied to the sides of the leg, and attached beneath the sole of the foot to the cord which passes over the pulley. The adhesive straps are supported by the application of a roller over them, extending from the foot to the knee. The weight consists of small bags of sand, varying from 2 to 5 lbs each, and are made fast to the extremity of the cord which passes over the pulley. The weight may be increased or diminished by the addition or removal of one or more of the sand bags.

#### IMPACTED EXTRACAPSULAR FRACTURE OF THE NECK.

Thos. I——. aged 67, Irish, was admitted December 28th, 1870. Was injured by a fall on the hip on a slippery sidewalk. There was considerable flattening of the hip on the injured side, slight crepitation, but little or no shortening. The foot was more disposed to rotate inwards than outwards. A considerable amount of callus was thrown out on the posterior part of the trochanter major at its junction with the neck. This case was also treated by slight extension by means of the weight and pulley, no other appliance being found necessary. He was discharged cured about a week or a fortnight ago.

#### IMPACTED INTRACAPSULAR FRACTURE OF THE NECK.

George M——. aged 38, admitted January 29th, was also injured by falling on the sidewalk. In this case there was flattening of the hip on the injured side to a considerable extent, shortening of the limb to the extent of an inch, and eversion of the foot, but no crepitus. At first there was a good deal of swelling about the hip and upper part of the thigh; but this was reduced by the continued application of cold by means of a gutta percha tube wound around the thigh in successive circles, so as to cover the upper third of its extent. Iced water was made to pass through the tube on the principle of the syphon, the pail containing the iced water, in which the upper end of the tube was inserted, being placed on a chair at the side of the bed, the other, for the lower end of the tube, situated beneath the bed. The limb which was extended on a firm mattress, was supported by means of sand-bags—a long one on the outside and

a shorter one on the inside—and extension was kept up by the pulley and weight of about 15 lbs. He is now (Feb. 25) going about on crutches, and will soon be able to leave the Hospital.

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### BOOK NOTICES.

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**WASTING DISEASES OF CHILDREN.** By Eustace Smith, M.D., Lond.; Member of the Royal College of Physicians; Physician to His Majesty the King of the Belgians; Physician to the North West London Free Dispensary for Children, and to the Metropolitan Dispensary. Second American from the second revised and enlarged English edition. Philadelphia: H. C. Lea. Toronto: Adam Stevenson & Co.

This is a neat little volume of about 250 pages. The author has divided the subject into eleven chapters, in the first three or four of which he treats of the diseases arising from defective nutrition, such as atrophy, chronic diarrhœa, chronic vomiting, and rickets. In the fifth, he treats of inherited diseases, as syphilis, &c.; in the sixth and seventh, of mucous diseases and worms. Three or four chapters are also devoted to tubercular disease in all its phases; and finally he gives some most excellent directions as to the mode of diet for children in health and disease. Two new chapters (six and eleven) have been added to the first edition, besides the correction of some inaccuracies and the addition of valuable matter suggested by increased experience in the treatment of children's diseases. It is upon the whole a most interesting, practical and really useful book, and well worthy a place in every medical library.

The author says, in his introduction to the subject of atrophy arising from insufficient nourishment, "that many thousand children die yearly in London alone, for the simple reason that they are fed systematically and persistently upon food which they cannot digest; and so long as the children of the poor are allowed to leave their schools utterly uninformed as to duties which, in after life, they will be called upon to fulfil, so long this dreadful mortality may be expected to continue."

## BOOKS AND PAMPHLETS RECEIVED.

- Medical and Surgical Reports, City Hospital. Boston, Mass., published by Little, Brown & Co., 1870.
- Gynæcological Journal, from July to January, bound in cloth, published by James Campbell, Tremont-st., Boston.
- Diseases of the Spine and Nerves—a series of essays extracted from the “System of Medicine.” edited by J. Russell Reynolds, M.D. Published by H. C. Lea. Philadelphia.
- Transactions of the American Ophthalmological Society. Seventh annual meeting at Newport, July, 1870.
- Proceedings of the First Meeting of the American Association for the Cure of Inebriates. Published by order of the Association, 1871.
- Annual Report of the New York State Inebriate Asylum, Binghamton, for the year 1870.

## NEW ABDOMINAL SUPPORTER.

We have much pleasure in directing attention to a new abdominal supporter, advertised in our columns this month. It is the invention of a lady of this city, and is said by those physicians who have used it to be superior to anything of the kind they have ever tried.

Abdominal supporters are now recommended by all leading gynecologists, in the treatment of uterine displacements, and Pearson's appears to be one of the best and cheapest, and least likely to get out of order. It consists simply of a broad band encircling the hip, accurately fitted to the pelvis, with a pad of peculiar shape applied just above the pubes, in such a way as to support the weight of the bowels while other means are being resorted to, for the removal of the cause of displacement. Scanzoni speaks very favorably of a supporter very much like Pearson's.

BEAUTY.—The largest collection of beauty ever published in the United States is afforded in the *Parlor Album*, advertised in another page. The Album embraces the finest specimens of chromo lithographs, steel engravings and fine wood engravings ever offered the public. The American Publishing Company of Rutland, Vt., desire an active agent in every town and village, to whom they offer liberal terms. Read the advertisement of *PARLOR ALBUM*.



## CORRESPONDENCE.

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(To the Editor of the Canada Lancet.)

DEAR SIR,—The suddenness of the announcement of the coming elections in this morning's paper, leaves me but little time to express my views upon a subject in which, at the present time, we are especially interested as medical men.

Whatever may be our individual opinions as to various points of medical legislation, I think it will have been painfully evident to all, that the members of our profession have not received that consideration at the hands of public men, (or a certain class of public men), to which their position entitles them. Nor is this confined to any particular sphere of public life in our Province. It is apparent in the legislative halls, in courts of law, in municipal action in regard to sanitary matters, and in various other ways. The spirit of perfect indifference, if not of contempt, toward the profession, has been so long tolerated by us, that it manifests itself in every walk of life. Our differences of opinion are magnified into mountains, and paraded to our very faces as evidences of our childish weakness. If illustrations are wanted, over and above those which we see around us every day, I would ask what medical men were consulted, when the Homœopathic and Eclectic Boards were authorized to hatch *ad libitum*, and to send forth luminaries to practise "special" theories, who were perfectly innocent of all knowledge of general principles? Is it not a fact that we were considered so childish, and withal so "bigoted," that we could not see that the extra burden of a knowledge of medicine in general, might unfit these geniuses for the pursuit of exclusive theories; and hence we were not fit and proper persons to be consulted?

Again, it is said by the gentlemen who had charge of the present Act, that they at first endeavoured to pass it in the shape in which the old Council intended it should pass, but that Mr. Cameron said "that *he* would not allow it to pass unless it included the Homœopaths and Eclectics," and so our profession is launched *volens volens* into novel and startling associations by the *dictum* of one outside individual. The fact of some of our own body having connived does not materially alter the case so far as the humiliation of being dictated to is concerned.

Furthermore, what followed in the ensuing session. When

Dr. Campbell, through Mr. McMurrich, pushed certain amendments into committee, the then President of the Council came down from Guelph purposely to give information to that committee. Yet a number of the members did not want to waste their time listening to the speeches of medical men, and it was only through the exertions of Dr. Baxter and McGill on the committee that Dr. Clarke was listened to at all. The concessions made on that occasion are exemplified in the fact that our students have now to be examined by the proprietor of the Victoria Wine Bitters, and three other eclectics and homœopaths, although this concession was nearly "sent back" by an effort in the Council, being only passed by a majority of one.

To these matters I have only alluded as containing illustrations of the humiliating position which we occupy, and which becomes so much more apparent if we compare ourselves with the legal profession. And now to come to the point: the elections are near, and it behoves those of us who have any professional spirit to stand together, and to act in concert with this aim in view: to pledge candidates to listen to the voice of medical men in medical matters. If our views are conflicting let them listen with some show of politeness to all, (instead of laughing contemptuously in our faces,) and then judge afterwards. But if our action is in concert, let them give it the attention which it should command. At the present time we seem to have a fair prospect of concerted action. At the last meeting of the Canada Medical Association, a bill was brought under consideration which met with the support of those present who assisted in the passage of the present Ontario Medical Act, and of those who strongly opposed it. Its main features are a College for the Dominion, embodying all who are now licensed here and in the other provinces, and all who shall hereafter pass the central examining board. The only essential difference, (and it is an important one), is that the members of the Council shall be elected by the members of the College in the various districts, without their being hedged off as homœopaths, eclectics and regulars, or "generals" as we are now obliged to call them. So that whilst existing rights are recognized, there is no provision for the perpetuation, at least through the influence of the Council and Examining Board, of any sects. The right of individual judgment and of adopting any theory, will be left open—in

other words every medical man may practice according to any theory he pleases. Hence I think that the most conscientious of us will feel that we are not defrauding the present or future recipients of these advanced theories by such a measure; and I think we may succeed in convincing parliamentary candidates, possessed of even a homœopathic amount of common sense, that we are not injuring the public nor the future practitioner, by seeing that he understands medicine in general; and that we do not prevent him from passing onwards to institutions where he may learn the mysteries of *similia* and still more about *herbs*. Our success will be the more certain, if we show a firm determination to use our influence, as a body, for men who are willing to listen to what we have to say. We *have* the power, if we only *choose* to wield it.

I may state that the proposed Dominion Bill, when finally moulded, is to be presented to the Dominion Parliament at its next session, there to be passed, subject to the approval of the Local Legislatures of the several Provinces. Dr. Tupper is sanguine of its success, if medical men will only interest themselves in the matter. He is good authority as to the technical feasibility of the undertaking.

I may further add, that the Bill will be finally submitted at the next meeting of the Canada Medical Association. The membership of the Association is open to all regular practitioners; and if any are not suited in the framing of the Bill, it will be their own fault. Let members of the profession unanimously oppose the election of candidates who have despised us in the past. If the medical men of any constituency have strong counter feelings in non-medical politics, let each vote for his own candidate, on the condition that that candidate will listen to reason in medical matters. Having shown ourselves alive in the matter, let us then go, next September, to Quebec, and get a Bill to suit us all,—agreeing to waive minor differences,—to give and take. Then let us push it as a body. We *can* succeed, if we *will*.

Your going to press the day after the commencement of the coming elections, has obliged me to steal one of the small hours after midnight to write these few hasty remarks. Hoping however, that even in their drowsy style they may awaken your readers to energetic action,

I remain,

yours sincerely,

WM. OLDRIGHT.

## WINES FOR MEDICAL USE.

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It is a fact not generally known that in order to ensure a good wholesome wine, it is not necessary to pay an exorbitant price, and it is equally true that it is most difficult to obtain any wine without adulteration or admixture of spirits, either of which is prejudicial to its medicinal effect.

The establishment of Quetton St. George & Co. was opened in Toronto, in June, 1869, to meet this difficulty, and to supply wines which can be warranted absolutely pure, at prices approximating as near as possible to their cost at the place of growth.

The senior partner, Mr. St. George, a gentleman well known in Canada, where he has resided for many years, had been in the habit of importing for himself and for some of his friends the wine of his own vineyards of Leugaran, near Montpellier, in the South of France, and other light wines of Languedoc. Finding how highly these wines were appreciated and the desire that was shewn to obtain a larger supply, he determined upon going extensively into the business, for which his large family connection in the principal wine growing districts of France and Spain, and his intimate local knowledge of those countries and their products, gave him special facilities. He has made arrangements in a number of choice vineyards for the shipment of wines, which are sent to his firm in Toronto, thus saving heavy expenses on the other side, and ensuring their arrival without adulteration, and at extremely moderate prices, owing to the small cost of the wine at the vineyards and the saving of intermediate profits and charges.

Quetton St. George & Co. would especially call attention to the wines of Roussillon, which possess the tonic and astringent qualities of the Oporto wines, without the adulteration which has become so generally practised in that district, as to make "Port" the designation of a compound which is far removed from being the pure juice of the grape. The Roussillon ports range in price from one dollar per gallon upwards.

The Alicante also is very delicious in flavor and has been largely recommended by their medical friends.

They have also a great variety of Sherries, including some of the finest brands in Spain; and in addition to the foregoing and other descriptions of French and Spanish growth, they import German, Sicilian and Madeira wines.

Owing to the difficulty of procuring a genuine Brandy, which can be relied upon as being pure grape spirit, they have imported, especially for medical use, a white brandy of Languedoc, distilled from wines selected by Mr. St. George himself for the purpose, and which they can therefore recommend with confidence to the faculty.

For prices and full particulars, they refer to their printed circular, which will be sent free by post to any desired address.

**QUETTON ST. GEORGE & CO.,**

Wine Merchants, 34 King Street East,

Toronto.

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PHENOMENA OF LIFE MAINTAINED AND CONTROLLED  
BY TWO ANTAGONISTIC PRINCIPLES OF  
INNERVATION.

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*"Curatio contrariorum per contraria."*

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BY J. G. FREEL, M.D., MARKHAM, ONTARIO.

On the extirpation of the superior cervical ganglion, the capillaries of all parts thus deprived of sympathetic innervation instantly become congested, with consequent augmentation of temperature. On the contrary, destruction of the fifth nerve induces instantaneous capillary exsanguination of all parts thus deprived of trigeminal influence.

Now, by logical induction, it must be inferred, as a natural sequence, that the same antagonistic principles extend to the whole of the two nervous systems. "What is true of a part, is true of the whole." It is evident, too, from the resulting phenomena, that the two systems normally maintain an equilibrium of action commensurate with the due performance of organic function: that the neurilemma of the sensory nerves must contain centrifugal nerve-fibres, endowed with the special function of dilating the capillaries, and that the sympathetic ganglia must send out nerve-fibres, whose special function is to contract these vessels. Without such antagonistic action, no such phenomena could possibly be produced.

It is proved beyond a doubt, that the cerebro-spinal and the sympathetic centres possess very different degrees of impressive susceptibility. While the cerebro-spinal respond to the least possible influence, the sympathetic are only affected by an intensified impressive force. Hence, in all ordinary vital actions, the sympathetic force remains stationary: the necessary changes in the capillaries for nutrition, secretion, and, in short, for all other functional requisites, are effected by the cerebro-spinal alone.

It is proved by experiments, that an impulse sufficiently potent to impress fully the sympathetic centres, produces a regular, intractable, prolonged and more forcible action, than it does on the cerebro-spinal centres; hence, a general law, which is capable of explaining every vital phenomenon. That a determinate supply of blood is an indispensable requisite to the healthy performance of organic functions, is a self-evident truth; while too much overwhelms, too little enfeebles, and a complete suppression suspends animation, and, if continued, must extinguish life itself. The experiments on the stomach of St. Martin furnish a convincing illustration of the existence, and the operation of a general law of antagonistic capillary innervation. When the stomach was empty the mucous membrane was pale, and no gastric juice secreted; but instantly, on the introduction of food, the mucous membrane became reddened, and the solvent began to flow. On the removal of the ingesta, the membrane became again pale, and the secretion of the gastric fluid ceased. Here the exaltant influence of the food on the sentient extremities ramifying on the mucous membrane, is conveyed to their centres, and, instantly elevating the force of the centrifugal capillary expanding fibres, produces a sufficient supply of blood for the elaboration of the gastric fluids; but on the removal of the ingesta, the sentient nerves—no longer feeling the exalting influence of the centres—resume their normal status. So, the instantaneous congestion of the mucous membrane of the uterus, on the impregnation of an ovum, and the contraction of the vessels after the expulsion of the fœtus and the placenta, prove further the existence of a general law. Exaltants and depressants are the only agents in the least capable of influencing these dynamic forces; this being self-evident, requires no proof.

The only possible means of ascertaining accurately the characteristic phenomena of each class, is to note carefully the symptoms produced by an agent universally admitted to belong to a certain order. Then, all influences producing like phenomena, must be a species of

the same genus; while all inciting opposite characteristics, must be antagonistic. Alcohol may be taken as a representative of the exalting class. Heretofore, it has been absurdly held by our professional law-givers, that a small quantity of alcohol stimulates, while a larger quantity induces sedation. This theory requires the therapeutic action of the agent to diametrically change, or the physiological laws to be reversed; either requirement involves a solecism of the grossest nature. Every action must inevitably increase, in an exact ratio, with the augmentation of the incitant. It requires no reasoning to prove that a quart is eight times greater than a gill, and therefore must contain eight times the amount of stimulus.

The influence of alcohol first effects the more susceptible cerebro-spinal centres, and elevates their *vis nervosa* above that of their antagonists, and the following phenomena ensue: pupils dilated, skin flushed, circulation and respiration increased, organic functions augmented, exhilaration, indisposition to sleep or repose. But when enough has been imbibed to exalt the more powerful sympathetic centres, contracting innervation soon preponderates, and produces the following phenomena: pupils contracted, skin cool and pale, circulation and respiration diminished, organic functions diminished, mental obtuseness, sensibility lessened, disposition to sleep. The exalting influence still increasing, profound insensibility and death closes the scene. Complete occlusion of the capillaries suspends all functional action, and extinction of animation is an inevitable consequence.

The effects of opium on the system possess all the essential characteristics of alcoholic phenomena to entitle this drug to rank as a species of the exaltant genus. Its *modus operandi* in inducing sleep, allaying pain, and arresting colliquative alvine evacuations, is easily explained. When its action becomes sufficiently potent to exalt sympathetic innervation the capillaries are contracted throughout the whole system, and the brain being thus deprived of its usual quota of the element from which all functional activity is derived, becomes, in a degree corresponding with the exaltant action, insusceptible of impressions, and, therefore, incapable of perception and of volition, and consequently unconscious of pain. If this lethean state is not actually Somnus himself, it is certainly Morpheus, his son and prime minister.

In the same manner the intestinal secreting organs, being deprived of blood, their functions are suspended, and the discharges depending on the fluid are arrested.

Having thus noticed briefly the characteristics of exaltant influence, we proceed to that of a diametrically opposite character. It is evident that the characteristic phenomena of depressant action must be the reverse of those of exaltant. Depressant influence according to this natural law, must first take effect on the more susceptible capillary dilating centres, and consequently depress their force below that of their antagonists, the sympathetic force thus being in the ascendant contracts the capillaries, and produces pallidity and contracted pupils; but as soon as the depressing influence reaches the sympathetic and sends down the contracting innervation below that of the dilating the capillaries expand, the skin is reddened and the pupil expanded. We select belladonna as a representative of the depressant class; symptoms, 1st stage: pupils contracted, pulse small and quick, skin cool and pale, mental calmness, sensibility lessened, organic functions inactive. The sympathetic centres becoming depressed in turn usher in a 2nd, stage: pupils dilated, pulse slow and full, great desire to sleep, skin flushed, insensible to pain, profuse perspiration, and finally convulsions, profound insensibility and death from entire exhaustion of innervation.

That the influences of opium and belladonna are in direct opposition is further proved by the discovery, that they mutually counteract each other. In like manner, belladonna counteracts alcoholic exaltation. A certain therapist of this place occasionally partakes too freely, comes home and takes a large dose of belladonna, and in half an hour is perfectly sober.

In short, exaltants first dilate the capillaries and thereby expand the pupils, then contract the capillaries and thereby close in and contract the pupils, while depressants first contract the capillaries and thereby diminish the size of the pupils, then dilate the capillaries and thereby expand the pupils. The size of the pupils always correspond with the condition of the vessels, an explanation of this concurrent action will be given hereafter.

It is evident from the symptoms in the forming stage of disease that all morbid influences act as direct depressants. Among the premonitory manifestations are paleness, languor, listlessness, indisposition to active exertion, with universal perversion of function, and finally a chill. The calorific process of insensible combustion being carried on principally in the capillaries it inevitably follows that the partial occlusion of these vessels must reduce the temperature. Exaltants then, are the only agents capable of counteracting morbid influences, to act in conjunction with disease in reducing still lower the nervous forces, is to



endorse the absurd doctrine "*similia similibus curantur*." To carry out to the full extent the principles enunciated by Hahnemann would doom every patient to premature death. Like can never cure its like under any possible circumstances either in a physical or moral sense. To strike a man already knocked down, in order to help him up, is homœopathic theory illustrated.

Morbific influences being clearly depressant in all cases, the only scientific treatment is indicated in the motto "*curatio contrariorum per contraria*."

The complete establishment of this general law would elevate the profession of medicine to an absolute science and consign all shades of quackery to an inevitable doom. It is the palpable absurdities, uncertainties and illogical deductions, that induce men of culture to place their lives in the hands of those whose "*infinitesimal*" doses have no effect on the system.

There is no doubt but all metallic preparations in small doses act as exaltants, and only act as depressant when given in sufficient quantity to irritate or corrode. "Poisoning" is a term expressive of no pathological or physiological condition. Arsenic produces death through depressant irritation and corrosive sublimate by corroding the primæ viæ and thus exhausting innervation. Depressants, as well as exaltants, have a large range. The least disagreeable sensation or unpleasant emotion acts as a depressant, while the opposite acts as an exaltant.

From the experiments of the Webers we learn that electricity contracts powerfully the small arteries, and is therefore an exaltant, consequently is contra-indicated in the alcoholic and opium insensibility, but in that arising from a real depressing influence, its powers are hereulean.

Nature seems to have displayed in a remarkable degree her beneficent intentions in placing in the most conspicuous position possible a test that indicates with unerring precision the least variation of the relative action of the antagonistic dynamic forces. The iris is a perfect *neurometer*, but before discussing its importance in diagnosis we must enquire into its anatomical structure. The author of the "Dublin Dissector," says "it is not generally agreed on, whether the fibrous appearance of the iris depends on the peculiar arrangement of its vessels and nerves, or whether it possesses a true muscular structure."

It is now generally held by anatomists and physiologists

that the iris is composed of radiating and circular muscular fibres. If this be its true structure what rational explanation can be given of the *modus operandi* in the production of its various phenomena? The lenticular ganglion receives its power through its motor root from the third nerve, and the iris being wholly supplied with nervous influence by the short ciliary from the lenticular and the long ciliary from the fifth nerve, after the destruction of the third nerve what remaining nervous force could possibly contract the radiating and at the same time dilate the circular muscular fibres, as the branch of the fifth giving off the long ciliary, possesses all the evidences of a nerve of pure sensation? Why do all other muscles supplied by the third remain flaccid? What nervous force could render the pupil immovably dilated? How does destruction of the third cause disorganization of the eye? After destruction of the fifth nerve, how can the lenticular force alone contract the circular and dilate the radiating muscular fibres, thereby rendering the pupil immovably contracted? How account for contraction of the pupil and disorganization of the eye with loss of function in the nerves of special sense after extirpation of the superior cervical ganglion? What philosophical explanation can be given of the influence of light in contraction of the pupil?

The muscular hypothesis has given rise to more absurd conjectures in physiology, than even, if possible, the untenable doctrine of Hahnemann in medicine. Thus the *stimulus* of light, the least of all impressive influences is made to pass as a *motor* impulse along a nerve of special sense, traverse the corpora quadrigemina, switch itself off on the third nerve carry by force the lenticular ganglion and then dilate one set of muscles and contract another in the same structure in order to shut out a superabundance of the rays of light. This beats Dickens' "*circumlocution office*." A nerve of special sense can convey no other influence than that pertaining to its own peculiar function, while none but *intense* impulses can pass a sympathetic ganglion.

Before explaining its true nature and the *modus operandi* in the production of the irian phenomena, it is necessary to remove another error existing since the days of the Hunters.

It has been held as truth, that an artery expands in every direction at the same time, thus becoming greatly attenuated at every pulsation, the possibility of rupture or the formation of

aneurism would be increased. The existence of such a principle would be opposed to the established laws of physics, and, therefore, cannot be true. Neither the condensation of elastic bodies, nor of muscles, follows the alteration of shape, there being merely a change of form, but not of magnitude. Hence arteries, being composed of elastic tissue and three layers of muscular fibres, must act in obedience to physical law. An increase in diameter must necessarily cause a corresponding decrease in length, and *vice versa*. But the question has been put to rest by actual admeasurement. We ligated an umbilical cord, during a full flow of blood, in two places, and found on inspection, that the arteries were extended beyond the cut surface of the cord, while in a portion not ligated they were retracted out of sight and touch—the ligature evidently preventing retraction. One of the arteries being laid bare, was ligated in different places, and each piece accurately measured, then punctured and the blood allowed to escape, when the vessel contracted immediately, and on being again measured the length was increased. The experiment was often repeated, but always with the same result. A piece of the contracted vessel being cut loose and laid on the table, drew itself up into short crooks, like something alive, thus accounting for the apparent shortening after an artery has been cut through in the living tissue.

Having shown the impossibility of explaining any of the irian changes consistently with the muscular hypothesis, the conclusion is inevitable that no such structure exists. On the contrary, if a vascular structure be compatible with a complete exposition of all the phenomena it must be true.

The reason of the concurrent action of the iris with that of the nervous forces, is now apparent; dilatation of the irian vessels causes a corresponding shortening, and thus dilates the pupils, while contraction of the calibre of the vessels produces elongation towards the pupillary margin floating freely in the aqueous humor, and thereby closing in and contracting the pupils.

Every one has felt a disagreeable sensation when passing from darkness into a brilliantly lighted room, this depressing influence impresses the sentient extremities of the fifth nerve which ramifies on the retina, and is conveyed directly to the Trigeminal centre and depressing the force of the dilating centre,

leaves the power of the Lenticular ganglion unbalanced, the irian vessels are contracted and the size of the pupil diminished. Destruction of the third nerve renders the Lenticular ganglion powerless; the centrifugal fibres of the fifth being then wholly unbalanced, the irian vessels become fully dilated, and consequently the pupil permanently enlarged. On the contrary, destruction of the fifth nerve leaves the Lenticular force wholly unbalanced, the irian vessels become completely contracted, and thereby render the pupil immovably contracted. Hence the disorganization of the eye and the loss of function in the nerves of special sense from inanition. Extirpation of the superior cervical ganglion induces congestion of the *vasa nervorum* of the fifth nerve, and thereby impairs its functions, ultimately producing the same phenomena that follow destruction of the fifth itself.

To style this action of independent centres "reflex," is a gross misapplication of terms. "Reflex" is defined "a bending or turning back." A mere sensation must be bent or turned back, and therefore could be nothing still but a sensation, possessing no motor influence whatever. The centres receive intelligence of the actual requirements, and generate an impulse accordingly.

In the crisis then, we have a perfect *Neurometer* to indicate the exact relative strength of the dynamic forces which must prove an invaluable guide in diagnosis.

Great depression from any cause whatever, demands even greater exaltant action to elevate the nervous forces up to a normal standard—any influence short of powerfully rousing the sympathetic centres must necessarily increase the disproportion already existing between the two systems, and thereby increase the danger.

" These shallow draughts intoxicate the brain,  
But drinking largely will sober us again."

Under a state of great depression it is almost impossible to imbibe sufficient to intoxicate. We have seen a man severely bitten by a rattle-snake, imbibe a gallon of best corn whiskey in a few hours, without the least approach to inebriation. Here the co-ordinate depressing influence of emotion, arising from the consciousness of impending death, co-operates with the rapidly exhausting venom, and hence the almost incredible quantity of alcohol required to overcome their concurrent actions.

So too, in great prostration, large doses of Opium may be given without the least approach to narcosis. In an almost hopeless case of puerperal peritonitis, we ordered X. grs. pulv. opii. every four hours, without the least narcotic symptoms, the patient recovered. Dr. Jacques, and Dr. S. L. Freel watched the progress of the case. In the first stage of inflammation, a large exaltant dose will contract the capillaries, and thereby remove the congestion. From its effects on the iris we judge that the "Calabar Bean" is the most powerful of all known exaltants, and possibly sufficiently energetic to exalt the depressed centres, if applied locally, and thereby render a disturbance of the whole nervous system, by an internal administration, unnecessary.

We must reserve any further illustrations for another article, but trust enough has been adduced already to elicit *ingenuous* criticism.

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## POISONING BY COLCHICUM.

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BY JOHN H. GARNER, M.D., LUCKNOW, ONT.

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Poisoning by colchicum is at any time a very rare occurrence, and I am not aware that any instance has been recorded in any Canadian journal.

In the spring of 1857, I lived in the village of Zetland, county of Huron, and was the only medical man within an area of thirty-five miles. I resided in a newly-raised log-house. My surgery consisted of a very fair assortment of drugs, and the usual necessary instruments for use, arranged on a rough series of shelves nailed to the wall. Bottles at this time were hard to procure, and it cost me no little trouble to bring them to my residence unbroken. The country was in the roughest state of a new settlement; no roads except ox-tracks, that curved in all possible twists and turns; and it was impossible to go more than a mile or two after dark, and then the cedar-bark torch was a positive necessity to guide the wayfarer. Many a weary tramp was my lot, in heat and cold, through swamps and over hardwood bush; and the pay was scrimp at best, if ever it was my good luck to get any at all. I had used up all my vials, and to supply one patient, I well remember emptying the tinct. colchici

into a wine decanter, and giving him the bottle with his required medicine. I carefully labelled the decanter, and placed it in the back of one of my shelves. Next morning, early, I was called to see one of my patients, a distance of some twenty miles, and I left my door securely fastened with a strong bolt, but not locked, as my lock had been broken by accident, and I had no opportunity to get another. I returned about seven o'clock in the evening, through mud and mire, tired and hungry. I eat a hearty supper, and about nine was as soundly asleep as a forty-mile walk could inspire, from fatigue, I might almost say, from exhaustion. About ten, I was awakened by a violent knocking at the door, which was pushed open by two messengers, in great haste.

It appeared that during my absence, three young men of my acquaintance called at my house on their way home from Goderich. They were named Thomas and Robert Helm (two brothers), and John McIntyre. They had entered my house, seeking something to eat; and Robert, the youngest of the three, had by some unlucky chance got hold of the bottle with the tincture of colchicum. He swallowed half a tumbler full, and passed it to the others. McIntyre took about a large wine-glass full, as far as he could judge. Tom took less, and told them to be cautious, pointed to the label, and said it might be "some doctor's stuff;" but the other two pronounced it "most excellent gin." Tom swallowed little, and declared he would not take another drop. Robert laughed at him, took more, and he and McIntyre swallowed nearly a pint. Having partaken heartily of a piece of boiled pork, a shoulder of venison and bread, they started for home. They got as far as Tom Helm's new shanty, extremely exhausted, purged, and vomiting violently. On hearing this statement from a brother of McIntyre's, I sprang out of bed, and got the decanter. It was empty. The poison was taken at three, and it was now ten o'clock. They were five miles away. We had no lantern, nor was it possible to get a torch, as I had no cedar about the house. We passed a restless night, scarcely dozing, as I told my visitors the danger of the case, and that colchicum taken in excess was a deadly poison. The night was very dark, and wolves in bands were howling all around us, making the darkness terrible.

I took such remedies as I had, and at the earliest peep of

dawn, with my rifle on my shoulder as a protector, we started at an Indian trot. On my arrival I ascertained that, after leaving my house, Tom Helm had forced himself to vomit, and he told me he endeavored to make his brother and John McIntyre do the same. They would not do so at first, but tried when it was too late. On arriving, I found Robert pale; a cold sweat on his forehead; his pulse was 160; a hectic flush occasionally on the cheek bones; very much exhausted; great thirst; vomiting; extreme tenderness over the abdomen, and the intermittent severe pains, precisely similar to peritonitis; feet and hands cold; breathing rapid; tongue dry and brown in the centre, and red along the edges; eyes red and watery, and the pupils dilated; headache intense, and he complained much of tinnitus aurium. The expression of the countenance was anxious and haggard. He also complained of great fullness of the chest, and there was a quantity of blood in his sputa. He coughed severely at irregular intervals. John McIntyre had similar symptoms, but milder, except the headache, which he described as most intense, and he often asked me for God's sake to put a ball through his head and let him die. He muttered and raved quite wildly at times, but it only lasted for a few minutes. He was at no time so prostrated as Robert Helm. Thomas seemed well enough, with the exception of nausea and slight debility, and he was assisting his wife to attend the sufferers. I administered a grain and a-half of opium to each, and it produced a short interval of alleviation. They had both been much purged, but that had considerably abated before my arrival, as also the nausea and vomiting. I tried some bicarbonate of soda, about half a teaspoonful in water; it had no effect on Robert Helm, but McIntyre said it eased the burning in his stomach and throat, so I continued it along with a grain of opium every hour. This produced decided relief to the latter, but it was evident to all that poor Robert was sinking fast. I gave him a little whiskey once, but he said it hurt his inside. His breathing became heavy, almost stertorous, the pulse declining in rapidity and the headache diminished.

About noon I found his exhaustion increasing and the countenance becoming particularly pale and expressionless. His eye became leaden, and the whole body became clammy and cold. Warm applications and bottles of hot water at the feet and sides,

produced no heat, except at the part in contact. He became quite comatose at four p.m., and remained so till about seven, gradually sinking, the pulse becoming feebler and feebler, when he gave a few heavy sighs and gasps and expired.

I continued the Bicarb Soda, and gradually dropped the Opium with McIntyre. His symptoms improved, and at the end of four days he could sit propped up in bed, but was very weak. The headache was very severe in the region of the cerebellum and disappeared in a week or ten days, but left a great deal of occasional giddiness. The tightness in the chest vanished in a few days, as also, the pain and tenderness over the abdomen, but a weakness and irritability of the stomach remained for some time, of which he greatly complained. The prostration and lassitude continued for three weeks, and he did not get to his own home for some time after that. He never mentioned any distress of consequence in the region of the kidneys that I recollect, neither did Thos. Helm, but they both stated that for some time there was slight ardor urinæ.

McIntyre lived for some years after, but often told me he never did or could recover from the effects of the Colchicum, which left a considerable weakness of the entire frame, and he had nocturnal emissions subsequently to the accident, which were very distressing and weakening.

I am satisfied he never recovered from this unhappy mistake, in my residence.

An inquest was held on the body of Robert Helm, and I was requested to make a *post mortem* examination, which took place about thirty-six hours after death.

The face was remarkably pale, and the whole surface of the body very white. The lips had a contracted puckered look. The pupils much dilated. A small quantity of blood oozed from the nostrils, and a bloody froth was in the mouth and on the lips. The feces escaped to a small extent, and there was an emission of the semen. The hands were seemingly shrivelled, as also the toes, the skin being much corrugated.

On removing the skull, the vessels of the dura-mater were much distended. This was also the case with the pia mater, on the convolutions, in the substance, in the ventricles, and the cerebellum. The veins on the last mentioned organ were extremely full, and had the appearance of rounded cords with small knots on them. The ves-



æls at the base of the brain, and those of the medulla oblongata were also much enlarged.

On opening the cavity of the chest, the lungs were darker than natural, and much engorged, and there was about four ounces of serum in each pleural cavity as far as I could judge, or about eight ounces in all. The left lung seemed to be more engorged than the right.

There was no clot in the cavity of the heart, and very little blood, not amounting to more than a teaspoonful or two.

On examining the cavity of the abdomen, I found that the peritoneum had been very much inflamed, and also the whole length of the intestinal canal, from the Pylorus to the Rectum. The stomach was much inflamed over its external surface and all its veins much engorged.

It was much more inflamed in the vicinity of the pyloric orifice, then over the walls, or in the neighbourhood of the œsophagus; and the smaller intestines, especially the jejunum, were more intensely inflamed than any other part whatever.

I spread various portions of the bowels on card and glass, and the veins seemed as minutely injected as possible with blood, and precisely similar to such specimens as are often seen in cases of poisoning with arsenic.

The liver was very pale, and the gall bladder filled to excess. I attributed the paleness of the liver to an almost total absence of blood. The venæ portæ were full; but not engorged.

The spleen was filled with dark colored blood, and had a darker look than natural, but no signs of inflammation were present.

The renal veins did not seem so much distended as those of the other internal organs. The bladder was natural on the inside, and did not seem to have suffered like the organs, in the abdominal space; nevertheless the vessels of the surrounding peritoneum were much distended. Neither of the surviving parties complained of stranguary, yet Tom often told me that for some time afterwards his urine felt hot in passing. The same result remained with McIntyre, but not to so great an extent as might have been expected, considering the severity of the inflammation, he must have endured in the surrounding parts; and it seems strange, the kidneys and bladder were not more involved, than they really seemed to be.

From the appearances as presented in the *post mortem*, we are led to infer that colchicum produces death, by acting as an irritant poison,

and the symptoms seem to be a compound of those of arsenic and opium. The severity of these become remitted at the last, and the unfortunate becomes comatose, from the compression of the cerebral mass, from apoplexy. The thirst and burning were always checked by a few mouthfuls of water, and this was craved by both patients with great avidity, although the stomach soon rejected part of it. Bicarbonate of soda also seemed to relieve, and John McIntyre drank it freely during his convalescence. Opium also relieved both patients, and I gave as much as I deemed safe under the circumstances. I have often since regretted that I did not combine the opium with Hydrarg. sub. mur. as it might have been serviceable. In the extreme paucity of information that in general prevails in reference to this poison, I should think that any reasonable remedy that presents itself to the mind of the practitioner, on the spur of the moment, allowable. Opium is a remedy to be trusted, as the inflammation and irritation produced by colchicum are decidedly abated by its exhibition, in conjunction with Soda bicarb. I think this point almost established by the two cases under our present consideration. Cold water also gave momentary relief, and I did not curtail its use in the least. Spirits of any kind are, I think, contra-indicated.

In conclusion I may remark, that practising in the bush is by no means working in a garden of roses; and the new settlements have few of the refinements of humanity to boast of. What weary journies! What poor remuneration! and unfortunately, as I have experienced, how little thanks for your best endeavours, even when crowned with the best of success! I often repented ever coming into these new settlements, and yet there are so many pleasant recollections, so many agreeable and honest people thrown in your way, that the bitter and the sweet seem to blend in a sort of unison. Others must have experienced the same as I have in a new country, and succeeding settlements will have their doctor, to be praised and remunerated as far as possible by some, and by others abused and slandered in every possible manner.

In my pioneer life I have experienced most of the enjoyments, and pleasures of the profession and I may justly add, I have also been conversant with its sorrows and disappointments. I have often felt also that if some of the practitioners around me were in cities where their merits were known, instead of obtaining a few hundred dollars a year, they would accumulate means,

and hold a high position in society, at once their desert and their natural right.

Before concluding this article I beg leave to offer a few remarks on the

#### THERAPEUTIC ACTION OF COLCHICUM.

The therapeutic effects of colchicum are not altogether understood, even by the best of medical adepts and it will require a much more extended field for observation than that generally afforded the most successful practitioners or even by ordinary Hospitals, before many of the results both beneficial and the reverse can be set at rest, on this very important and interesting subject. I have used it most decidedly with benefit in gout; chronic and inflammatory rheumatism, irritation of the bladder and urethra in stone or gravel, and in sciatica, but I in no case exhibit it in any quantity by itself. I generally combine the wine or tincture of colchicum with tinct. opii. This I can safely recommend to the notice of those who have not thus used it, as a very kindly adjunct to the colchicum, because it seems to allay the irritation or purging of the bowels in larger doses. I generally give it in the proportion of about one part of colchicum to two or three of laudanum, more or less according to the nature of the case under treatment.

It has been long a well established fact that colchicum acts more rapidly and purges more violently when combined with an acid. I can aver as far as my experience is concerned, and I have had a reasonable extent, that the wine or tincture is not prevented from displaying all its good effects when combined with soda bicarb. or potass bicarb. or liquor potassa, and that purging is not so readily a sequence. This is especially so in irritation of the bladder in stony deposits. The following are the proportions that I generally use and find for the most part that they alleviate very much.

R—Vin. Colchici, 3 drs.

Tinct. Opii, 6 drs.

Liquor Potassæ, 2 oz.

Inf. Gent. ad 8 oz.—Ft. Mist.

Sig: Coch. parv. duo, ter quaterve in die.

I also give infusion of uva ursi or buchu leaves freely, six or eight ounces a day.

Colechicum I consider to be a most useful remedy, and well worthy of a trial by those who have not used it. Cases are of common occurrence where it can be exhibited with advantage.

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## MEDICAL MUTUAL IMPROVEMENT SOCIETY.

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ST. CATHARINES, Tuesday, Feb. 7, 1871.

Dr. COMFORT inquired if medical practitioners generally had arrived at any definite and systematic mode of administering sulphate of quinine, in the treatment of intermittent fever. During the last season he had treated, with uniform success, a large number of cases of tertan ague, with the old-fashioned dose of two grains every two hours; but he always commenced the exhibition of the remedy as soon as possible after the accession of the sweating stage, and herein he considered there was a most important element of success.

Dr. SULLIVAN observed that the paroxysm of quotidian was more difficult to avert by the method of small doses at short intervals. In the Western States there is a malignant form of that fever, termed "congestive chills," which sometimes proved fatal upon the third seizure, or even the second. The usual practice in such cases is to give at one dose twenty grains each of calomel and quinine, and this heroic treatment appeared to be the most successful. The periodic attack once interrupted, he was in the habit of relying upon the combined effects of arsenic, quinine, and, when admissible, some form of iron, as prophylactics of the relapse to which, in all cases of intermittent fever, there is so great a tendency, especially while the patient is subjected to miasmatic influences. He wished to be informed if any theory of the action of quinine, in the treatment of malarious fevers, was generally accepted by the profession.

Dr. MACK said that quinine may supply the place of some of the biliary acids. A man may be bilious, and suffer extremely therefrom, without showing it in the conjunctiva or skin. Flint had named one form of this condition cholestræmia. The taurocholic and glycocholic acids, remaining in or thrown back upon the circulation, might also account for many deranged and diseased states of it. Might not quinine be yet found to supply the place of one of these acids, or to

correct the evil resulting from this re-absorption? It must be remembered, that the presence of the pigment of the bile was only found when that secretion was re-absorbed, from obstruction to the biliary ducts. Dr. Damon, a high authority upon skin diseases, had assured Dr. Mack that he had found the liver involved in a large number of obstinate diseases of the skin; and we are well aware of the pruritus of jaundice, a symptom, as well as neuralgia, of biliary toxæmia, even when the pigmentary matter of the bile cannot be detected in the urine or external tegumentary tissues. Quinine appeared to him to supply a want in the blood, and not to be essentially antidotal to a zymosis or abnormal cell developement. Organic chemistry had shown that taurine was analogous to this alkaloid; it might also be found to supply some quality having a special action upon the great nervous centres.

In a short discussion upon ovariectomy, which ensued, Dr. Mack promised to bring before the Society, at its next meeting, some remarks upon that operation, together with a report, *in extenso*, of a successful case in which the gentlemen present had assisted.

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Tuesday, Feb. 14, 1871.

Dr. GOODMAN reported an interesting case, which came under his notice in the St. Catharines General and Marine Hospital.

Sergt.-Major Ramsden, aged 45 years, was admitted into the Hospital on the 13th of December, 1870. His general appearance was not indicative of any serious organic lesion; the appetite was fair, the pulse did not vary much from the normal standard, the body well nourished, the face florid. He sought admission into the Hospital for the purpose of being treated for a bad cough, accompanied with expectoration, from which he had suffered for two or three months. The history of the case was obscure and did not tend to elucidate the physical signs revealed by the stethoscope and by percussion. He said he had been ill for two or three months, had been treated in the Hamilton Hospital for a "bad cough," had never spat blood that he recollected, and had never been any worse than when admitted. Physical signs—dullness on percussion, pain over the lower part of the right lung from the nipple downwards. Where the dullness existed, no respiratory sounds, either normal or abnormal, could be detected. Above the nipple, percussion elicited a clear sound, and auscultation revealed coarse rales and bronchial breathing. The cough was troublesome, and the expectoration muco-purulent; the heart sounds were

normal, and the respiratory murmur over the whole of the left lung puerile—the lung appearing unaffected by disease, but doing its own work and that of its fellow. For about two weeks no marked change in his condition took place; but suddenly there was a rapid alteration for the worse; the expectoration became purulent; hectic fever supervened, and it was observed that synchronously with the advent of the unfavorable symptoms, the dullness on percussion over the lower part of the right lung disappeared, and that bronchial breathing and coarse crepitant rales could be detected over the whole lung.

Diagnosis—pulmonary abscess, the result of pulmonary congestion.

The treatment consisted in the application of blisters, painting the tincture of iodine over the right side; expectorants, with pancreatic emulsion, cod liver oil, stimulants and tonics. The patient rapidly sank, however, and died February 19th.

Post mortem appearances showed an immense abscess, involving the entire pulmonary structure on the right side of the thorax, with no trace of tubercular disease; the liver and other viscera were in a normal condition; the pleura on the right side was adherent throughout; not a trace of pulmonary parenchyma could be found, except some hanging shreds, infiltrated with pus; several bronchial tubes, with oblique, softened, shaggy ends, opened into the enormous bag of pus and debris; slight pleural adhesions on the left side, but left lung healthy.

This patient was addicted to the immoderate use of alcoholic stimulants, a habit which seems to lead in many cases to congestion of the bronchial mucous membrane, and not unfrequently to disease of the parenchyma of the right lung.

May not this circumstance be due to that sympathy existing between the whiskey-abused liver and the lung, owing to proximity?

Dr. SULLIVAN reported a case of eclampsia in a parturition of twins.

Mrs. C. called to request my attendance at her approaching accouchment. She stated that her general health was good, the only inconvenience felt was from constipation and anasarca of the legs, for which I recommended an aperient, with rest on the sofa.

October 2nd, at 6 a.m., I was called to attend her in labor. I found her in the third fit of convulsions of a tetanic character; face pale; no stertor; no anasarca of the face or hands; pulse about 90; no paroxysms; pains nearly natural in intervals; quite unconscious. On making a vaginal examination, I found the head presenting, first posi-

tion ; os dilated, and membranes protruding, which I immediately ruptured. I wanted a consultation, and Dr. T. Mack was sent for, with the request to bring chloroform and instruments. In the interval, about an hour, she had three convulsions, although the cold douche was constantly applied. On making an examination, the head was in the pelvis, the forceps were applied, and she was delivered of a living female child. In about twenty minutes, Dr. Mack, on introducing his hand to remove the placenta, found another child, breech presenting. He immediately brought down the feet, but the head was detained at the superior strait. The forceps were put on, and a male child delivered, a good deal congested about the head, and could not be resuscitated after the application of the usual remedies for half-an-hour.

The mother remained insensible and had three or four convulsions during delivery ; she then remained quiet and called for her mother ; but after an hour had elapsed, the convulsions returned. She was then placed under the influence of chloroform for two hours—using 2 or 3 oz.—after which she became partially conscious, taking beef-tea and whiskey and water alternately every half-hour. At 2 o'clock p.m. she had 8 grs. calomel, mustard sinapisms to the spine, and hot bottles to the feet, &c.

Dr. Mack saw her again at 4½ p.m. ; he introduced the catheter, but found no urine. The patient died at 9 o'clock p.m.

I wish to ascertain the opinion of the meeting on the causes and treatment of this most dreadful malady. Is it caused by non-elimination of urea, or non-production of urea, and consequently albuminuria ? Blot says it is due to nervous irritation of the kidney with pregnancy ; Barnes says it is owing to obstructed action in the placenta ; Bright's disease is not a cause, as it generally produces abortion at an early period of pregnancy ; pressure is not a cause, as women with ovarian dropsy are not subject to it. Franch and Braum state that it is owing to a ferment acting on urea in the blood, which changes it into carbonate of ammonia ; and, reasoning from effect to cause, which we are nearly always compelled to do in medicine, I must say that it is quite plausible, from the fact that acids are said to be a certain curative. Prof. Braum gives 16 cases which he treated with chloroform and acids, and all recovered. Tanner's experience is in favor of this treatment, and claims that death is the exception. Frericks states that he has proved by chemical analysis, that urea is changed into carbonate of ammonia, and cites several experiments which he has made upon

animals, by injections of carbonate of ammonia. He gives benzoic acid, tartaric acid, lemon juice and other acetic acid injections, and sponging the body with the same; but I cannot see the necessity of this, if it is true, as Dr. Bird states, that benzoic acid is the only one that will act on alkaline urine.

Dr. GOODMAN said that he desired to call attention to the formation of emboli in the heart, as being a more frequent cause of death than was commonly supposed. In debility, arising from any cause whatever, especially if it was accompanied with obstruction of the pulmonary circulation, owing to pneumonia, or valvular disease of the heart, there was a risk of this fatal complication occurring.

When the action of the heart is nearly, or, for a brief period, quite suspended in syncope, embolism of the heart is to be dreaded. It is in this way that Prof. Meigs explains certain cases of sudden death occurring after parturition. Embolism may take place in various diseases involving over-accumulation of blood in the heart-cavities, weakness of the ventricular contractions, an overplus of fibrine, or a condition of the blood favoring coagulation. The sudden occurrence during the progress of a disease, more especially pneumonia, of great irregularity and feebleness of the heart's action, with dyspnoea, oppression, anxiety—death taking place a few hours after the supervention of the symptoms—should lead, in the absence of any other cause for the change, to a strong suspicion that an embolus had formed in the right ventricle. Dr. Goodman stated that, in the physical prostration arising from the abuse of alcoholic stimulants, there was a tendency to death by the formation of a heart-clot; and related the results of two post mortem examinations made, after sudden death, of persons who, for a long time previous to their decease, had been extremely intemperate. In both cases, a firm, whitish, fibrinous clot was found in the right ventricle of the heart; the apex of the mass plugging up the orifice of the pulmonary artery, like a cork in a bottle. He also mentioned two other cases, in which the same state of things was found to exist, on laying open the cavities of the heart. In one of these cases, the accident had been preceded by great physical prostration, the result of chronic dyspepsia and obstinate vomiting; and in the other it resulted from disease of the aortic valves, accompanied by immense dilatation of the aorta, and deposit of osseous scales upon its inner wall. [Here the pathological specimen was exhibited by Dr. F. L. Mack, who had preserved it. The scales of bone were of about the size and shape of fish scales, and were attached to the inner wall of the



aorta, throughout the circumference of its cylinder, and for about an inch and a-half on the distal side of the valves.] The narrator stated that, in two of the post mortem examinations, he had been favored with the valuable assistance of Dr. F. L. Mack. In concluding, the Dr. referred to the ingenious experiments of Dr. Richardson, of London, which seem to prove that the fluidity of the fibrine in the vascular system, is due to the presence of ammonia in the blood, and that, acting upon the information derived from his experiments, many physicians now give ammonia, with a view to maintain the fluidity of the fibrine in the blood, in cases in which there may be reason to fear the formation of emboli.

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Tuesday, Feb. 21, 1871.

Dr. SULLIVAN adduced for discussion some cases of fracture, occurring in his practice during the last year. He felt that, in the application of bandages, in all cases of fracture, the sins of commission had far exceeded those of omission, and that it would be better for authorities to proscribe bandaging *in toto* in such injuries, than to countenance the careless and unnecessary bandaging so often practised now. In one instance, a tight bandage and lateral splints had been applied 24 hours before consulting Dr. S., for a supposed fracture of the forearm. The patient had been thrown from the top of a loaded waggon and stepped upon by one of the horses; upon removal of the dressings, the limb was found to be seriously ecchymosed and vesicated in places, and greatly swollen; a wound, inflicted apparently by the cork of a horse-shoe, extended deeply into the soft parts over the internal condyle of the humerus; but no fracture could be detected. Applied warm water dressings and no splint or bandage, and the man made a good recovery from the combined effects of treatment and accident, in about three weeks. In the present days of malpractice suits-at-law, this case, in malevolent hands, might have proved injurious to the surgeon first employed. A carefully adjusted splint is often an error in the right direction; but it is almost impossible to apply a bandage so as to allow for the tumefaction, which may take place, and yet derive any support from it.

A woman, after a fall, complained of eversion and dislocation of the foot; fracture of the fibula could be detected three inches above the external malleolus, but no fracture of the internal malleolus existed.

The use of Dupuyren's splint in this accident, is by no means

deserving the confidence generally placed in it, and he preferred a posterior splint and foot-board.

Dr. MACK remarked that he always treated fractures of the leg and also fracture and dislocation occurring in one or both bones, by reduction, and maintaining them at rest in an extempore fracture-box—formed of a pillow and two lateral splints—without bandage of any kind, until a selection could be made of the most fitting apparatus for the case; he did not think that, in this form of fracture, Dupuytren's splint accomplished all that should be expected from it.

Dr. SULLIVAN said that the injury to the whole structure of the joint, is so great, that very generally the swelling and inflammation ran too high during the first few days, to bear much restraint from apparatus of any form.

Dr. MACK believed that rupture of the ligaments very generally occurred, and injury to the joint, from a lateral rotation of the astragalus upon the lower articulating surface of the tibia and fibula. Two splints and a foot-board were the most satisfactory measures for promoting union of the broken fibula.

Dr. SULLIVAN said that the ankle-joint generally remained stiff for some time after the removal of the apparatus, and urged the propriety of an early recourse to passive motion. He then reported the particulars of a case of fracture of the inner condyle of the humerus, with partial dislocation, in a child 7 years old: the mother had reduced the dislocation immediately, which was probably of the head of the radius backwards. Pasteboard splints were applied, and the semi-flexed position maintained. Slight passive motion was cautiously commenced on the fourth or fifth day, and repeated on the eighth day, when the splint was removed, a bandage allowed to remain, and daily passive motion enjoined; in about four weeks from the date of the accident, a perfect recovery had taken place.

Dr. S. had often seen false joints resulting from unyielding splints, in fracture of the humerus from gun-shot wounds, and ankylosis of the elbow-joint from the same cause, and considered that great judgment should be used in the employment of bandages and splints in all such cases.

Dr. T. Mack reported a case of Ovariectomy, Mrs. Nutt, aged 40, mother of 2 children, married 10 years, came to this country a year ago last January. Consulted Dr. Mack last June for Dyspeptic symptoms, she then believed herself pregnant, but as she had menstruated regularly and according to her own computation had gone over her time, she experienced some anxiety upon the subject.

Her complexion was fair, with good colour of cheeks and lips, she was in good condition, enclined to embonpoint, her habits were regular, with a love for good living, the surface of the body was healthy, the abdomen was enlarged much beyond the usual size at the full period of gestation, fluctuation could be distinctly felt, no tenderness, no signs of foetal circulation, no placental souffle, the uterus seemed to be in proper situation, measured upon the sound about two inches more than its normal size, the os. patulous and eroded, with a similar condition extending up the cervix, leucorrhœa, urine scanty abounding in lithates and high coloured, tongue-coated, appetite variable, bowels costive, great flatulence, mentally depressed from the recent loss of a child, pulse 80, full and quick. No tumor could be detected by the most careful examination. She was informed that she was most undoubtedly, not pregnant, but that the exact diagnosis between Ascites and Ovarian enlargement could not be clearly made just at the time. She consented to remain under my care for a few months. She was put under treatment for Ascites, based upon the hypothesis of hepatic disease. After four months the tumor appearing to increase steadily she was tapped and about half a pailful of thick albuminous fluid of a dark colour, evidently such as is often found in a Multilocular Cyst was discharged. A careful examination now clearly revealed a large Ovarian Tumour upon the left side, probably a Multilocular Ovarian Cyst. The exact nature of her disease and of the operation for its relief having been fully explained to her, she demanded that the operation should be performed as soon as it was deemed advisable. A mild Aperient having acted upon the bowels and a careful diet having been observed for a few days, Dr. Mack, 31 days after performance of paracentesis, 13th of November, proceeded to the operation with the assistance and in the presence of the following professional confrères, viz :— Dr. Goodman, Dr. Comfort, Dr. Oille, Dr. F. L. Mack, Dr. Sullivan, Dr. Alexander, Dr. Olliver and Newburn, of Clifton and Drummondville, and Dr. Lambert of Amherstburg.

At half-past one p.m., she was placed upon a table in a proper position. A piece of indian-rubber cloth was laid over the abdomen, having an elliptic opening with adhesive margins which were applied to the skin for the purpose of keeping the posterior surface dry. Dr. Lambert then administered Chloroform to full Anæsthesia. Dr. Mack made a small incision down to the surface of the Cyst, about two inches below the Umbilicus and enlarged it by cutting downwards with a pair of strong curved scissors. At the point where the trocar

had entered very firm adhesions were found. The scissors were then used in an upward direction, keeping to the left side of the Umbilicus until the hand could be introduced, when the surface of the Cyst was carefully explored and found to be free from adhesions, except in a spot about four inches in circumference where the operation of tapping had been performed. The large trocar of Spencer Wells was now plunged into the Cyst and fixed to the walls by the wings. A thick fluid poured out, aided by compression of the abdominal walls by Dr. Comfort, while the sac was held and prevented from collapsing by Dr. Goodman, with a strong serrated forceps. After emptying the first sac it was found impossible to proceed. before separating the sac from the adhesions already mentioned, in the dissection for this purpose the true sac was so firmly united to the peritoneum, that it was cut through and the membrane lining the sac was for some distance dissected and torn off from the interior of the sac, this mistake led to the extravasation of a small portion of the fluid contents into the abdominal cavity.

Bags of heated sand were placed near the limbs, the hand was introduced into the sac, the cells were broken up and a sufficient quantity of the gelatinous fluid evacuated to enable us to turn the whole mass out and freed from its attachments, it was supported by an assistant, while the pedicle was secured by Prof. H. R. Storer's Clamp, at as long a distance as possible from its origin, the tumour was then cut away and received in a pail. Baker Brown's Clamp was next applied, Storer's Clamp removed, and the pedicle was seared off close to the surface of the Clamp by the actual cautery. Spencer Wells' Clamp was applied behind the large one and carefully secured. Brown's Clamp was removed, and the seared surface of the pedicle free from any oozing and well secured, remained. The opposite ovary was next examined and found to be healthy. Great care was taken to maintain the temperature of the room at 80° throughout the operation and to sustain a proper heat of the surface of the patients body. The most careful sponging of the abdominal cavity was practised and no source of hæmorrhage or clot allowed to remain, every drop of extravasated fluid was thoroughly removed, believing with Prof. H. R. Storer, that the time elapsing for so doing is beneficial more than injurious to the peritoneum. Four deep stout wire sutures were now introduced, so as to ensure apposition of a strip of peritoneal surface, and six superficial silver (thin) wire sutures securely closed the wound, leaving the pedicle secured at its lower end. Long straps of adhesive plaster, after the method recommended by Prof. White, of Buffalo, were made

to encircle the whole abdomen. A broad flannel bandage was applied and the patient was placed upon a comfortable hydrostatic bed filled with water at about 80°. A warm foot case and bags of hot water were applied; the Anaesthesia was suffered to cease, and a small quantity of iced brandy and water was administered, followed in half an hour by a little beef tea. The whole time, from the commencement of administering the Anaesthetic to placing her in bed being about two hours, from half-past one p.m., to 3.45. All water used in washing the sponges was feebly carbolized. The tumour and contents weighed, in all, about 31 pounds. Her pulse, when consciousness had been fully restored was 135. At 5.30 she had vomited the beef tea, pulse 125. Ice was administered and a Enema containing 15 drops of Elixir of Opium. Occasional vomiting continuing when beef tea was taken, iced milk was substituted. At half-past nine the Catheter was used and employed regularly every six hours as long as it was found to be necessary. A mixture of Creasote and Elixir of Opium, five drops of the latter and two of the former was given. At 12.30, pulse 120, patient warm and comfortable, has slept quietly for 40 minutes. At 3.10, as the brandy and beef tea would not remain on the stomach, Champagne was substituted with excellent effect.

On the day following the operation she vomited but seldom, kept nourishment down very well, and at 4.30 p.m., the pulse was 108. weak Carbolie lotion was applied to the pedicle. Urine passed naturally. At 10 p.m., vomiting increased to an alarming degree. All nourishment by the mouth was suspended. Dr. Comfort who remained with her during the night ordered half a grain of Morphia, applied mustard to Epigastrium and gave Enemata of beef tea with 10 drops of Elixir of Opium every two hours. On the second day after the operation the symptoms continued rather uncomfortable, but the next day she began to improve slowly and steadily. The Clamp came away on the tenth day and she convalesced without a single bad symptom until now, about three months from the date of the operation. I meet her daily in the street walking and apparently in good health. I should add that the temperature of the room was steadily maintained at between 70° and 80° for a week after the operation, and at 70° until she was able to sit up.

## A CASE OF STONE IN THE BLADDER.—DEFORMITY.— OPERATION.—SUBSEQUENT DEATH.

By W. CANNIFF, M.D.; M.R.C.S., Eng.; Prof. Surgery, Victoria University; Surgeon to the Toronto General Hospital; President of the Medical Section, Canadian Institute; late Vice-President Canadian Medical Association; Corresponding Member of the Gynæcological Society of Boston; Honorary Member of the New Brunswick Medical Society.

Stone in the bladder is one of the most important surgical affections. It is important not merely because of the several modes in which the stone may form; but from the great mortality which statistics inform us attend operative procedure. Thus according to statistics recently prepared by Sir H. Thompson, the average mortality attending lithotomy in the London hospitals is 1 in  $7\frac{1}{2}$ ; and in all England it is 1 in 6.93 cases; while in Europe generally the average is 1 in 5.14. So the statement of Erichsen is evidently true that "Lithotomy even in healthy subjects is always a dangerous operation." In children the danger is considerably less than in adults, so that the average number of deaths among adults would be something greater than the above mentioned. The presence of constitutional or local disease adds very much to the danger. Again, according to statistics prepared by Crosse, the mortality is to a marked extent modified by the size of the stone. He has found that when the stone is one ounce or under, the average of deaths is 1 in 11.25; when from 1 to 2 ounces, the number is 1 in 6.61; when from 2 to 3 ounces, 1 in 2.18; when from 3 to 4 ounces, 1 in 1.57. "This illustrates very clearly the fact that the operation for the removal of a large calculus is far more dangerous than that for the extraction of a small one."

The history of the case I am about to give is one of great interest. Mr. S.—, of the age of 25 has been afflicted with symptoms of stone for 14 years. Some years prior to the first appearance of the symptoms he had arthritis of the right hip joint, from which he was laid up for a long time. The result of this disease was dislocation of the head of the femur upon the dorsum of the ilium, accompanied with deformity of the pelvis. Having occurred at so early an age the condition of the young man now is one of decided deformity of all the parts about the pelvis. The symptoms of stone have been borne by the patient with great patience during long years; but latterly the distress has become

so great that he determined with the advice of his physician, Dr. Fleming, to risk the success of an operation. The pain is very great, and for a long time he has been compelled to lie upon his face to relieve the distress caused by the stone pressing posteriorly. He can retain but a very little urine in the bladder. Long continued suffering with restlessness has reduced him to almost a skeleton. His appetite is never good; yet he retains a good degree of sprightliness. So far as can be learned the stone has only once been felt by means of the sound.

He was received as a private patient into the Toronto Hospital on the 17th Jan. 1871. The following day I introduced a sound into the urethra which, with but little difficulty passed to the triangular ligament. A little manipulation then brought the instrument in contact with a stone; but it was found that it would not readily enter the bladder. The following day I again passed the sound to the stone, without any further advancement. Two days later I had Dr. Bethune in consultation, but on this occasion neither of us could feel the stone. We determined to let the patient have a rest of several days before further examination. Four days thereafter every preparation was made to perform the operation of lithotomy should we succeed in reaching the stone with the instrument. Instead of using a sound, a grooved staff was employed so that prompt advantage could be taken of a favourable introduction. But we were doomed to disappointment; not only could we not introduce the staff, but the sound could not be made to reach the stone, although different sizes and kinds were tried. Under such circumstances it was of course impossible to proceed with the operation, and it had to be deferred. The patient suffered temporarily from irritation of the urethra, but it was shortly relieved by the use of hyoscyamus and flax seed tea; and in a few days the condition of the patient was as before the effort to operate. After some days elastic bougies were tried as well as the sound by different persons, but in no case did the instrument pass beyond the anterior part of the prostate.

After a further consultation, preparations were again made to operate, if it were found practicable. Having been placed upon the table, the patient was put under the influence of chloroform. After repeated fruitless attempts by myself and others to pass the instrument, and as we were about to give up in despair of reaching the stone, I made a last attempt. By means of the straight staff, I at last succeeded in touching the stone. Others having corroborated my declaration that I felt it, and as we now knew the instrument was in the natural passage; it was a more easy matter to urge the instrument on. Some manipu-

lation made it convenient to feel the stone with distinctness, although the instrument would not enter the bladder. The straight staff was removed and a curved one substituted, which readily came in contact with the stone. It was decided to proceed with the operation of lateral lithotomy.

In consequence of the deformity of the parts, it was found that the patient could not be easily tied in the usual position for this operation; and I was induced to act upon the suggestion to trust to those present to hold him in the ordinary position so far as could be done. This omission to tie is one I would not advise in any case, as in the course of the operation it may become impossible to steadily retain the patient in that position so essential to a satisfactory operation. Upon examination of the perinaeum, when placed in position, it was found that the deformity very considerably affected its appearance. The raphe from the auns to the scrotum was materially to one side, and curved. The outlet of the pelvis was evidently abnormal, in consequence of the long continued deformity at the hip-joint. This unnatural condition of the parts, and the fact that the staff did not fairly enter the bladder either from the great size or from some unusual position of the stone; in connection with the constitutional disqualification of the patient were not by any means assuring, and I confess I commenced the operation with some apprehension and trepidation. The first incision was made cautiously, and I was induced to commence it somewhat more posterior than might advantageously have been done. With a trifling delay the first part of the operation was accomplished; that is, by incision, the necessary structures were divided to lay open the ischio-rectal fossa. But now was encountered the first of several difficulties. It was found that the membranous as well as the prostatic portions of the urethra were in an abnormal condition, and the reason why the instrument would not enter the bladder was fully explained. The stone occupied the prostatic portion of the urethra, which was much dilated. But the principal thing which at this stage engaged my attention was the abnormal thickening of the membranous portion. The thickening was so great that the staff could with difficulty be distinguished through the coats. And as the instrument was not within the bladder, but merely resting against the stone, it was impossible to hold it firmly fixed. The presence of the stone where the prostate alone ought to have been, with the thickening and induration of the membrane gave the case a degree of uncertainty which one operating under ordinary circumstances could not fully realize. After a



little delay to consider the bearings of the case, a curved, sharp-pointed bistoury was passed along my finger and made to penetrate to the staff and to divide a portion of the wall, cutting from behind forward. I then with a straight knife, cut to a limited extent toward the prostate. The probe-pointed lithotomy knife was then taken and passed along in the lateralized position until the end of the groove was reached; but it was plain that at the most a very limited opening had been effected to the stone. This of course can be readily understood when it is remembered that the staff did not pass over the stone, which occupied the dilated prostate. At this juncture I wished the opinion of another, and Dr. Hodder introduced his finger to the staff and expressed the opinion that the knife should not be used any more, but that the opening should be enlarged by the finger passed along the staff, which he did. I then placed my finger against the stone, and the staff was removed. The forceps were introduced and I tried to grasp the stone; but this was impossible. The stone was plainly a large one, and although forceps of different size, shape, and construction were employed, not one could be made to encompass the stone, but portions of a soft stone were broken off. Failing with the forceps the scoop was used, and passed to the posterior part of the stone. With the finger as a counterpoise an effort was made to extract; but the stone turned on its axis and the scoop came away, carrying a fragment of the stone. Thinking the changed position might enable me to grasp it, I again tried the forceps, but could not sufficiently dilate to enclose the stone. So the scoop was again taken, and with more success. The stone was slowly by an oscillating movement extracted. Its size was about that of a billiard ball, and rounded. Before any portion of it had been crumbled off it must have been considerably larger than a billiard ball. Of course the shape and size, in connection with its position, accounted for the insurmountable difficulty of seizing it with the forceps.

During the course of the operation I had not given much attention to the condition of the patient, but was now informed that he had remained in a fair condition, except that the pulse was somewhat weak. The bladder having been washed out with warm water the patient was put to bed, and made comfortable, being seemingly only affected by the chloroform. There was nothing alarming noticed, and the gentlemen who kindly rendered assistance departed. Remaining in the room, I observed, about half an hour after the operation a marked palor of the face, and found the pulse weak. At this time he had passed from under the influence of chloroform. Stimulants were given more freely,

and hot bottles put to his extremities. He rallied for a while, and could speak, expressing himself as feeling poorly, but as being free from pain. But about an hour afterward the pulse suddenly grew weak; and although the strongest stimulants were administered by mouth and per rectum, he finally sank and died.

In view of the statistics given in the former part of this paper, and the pathological condition of the parts involved in the operation, both without and within; the length of the time the stone had been in the bladder, 14 years, the size, and the shattered condition of the patient's general health, it may be said there was no solid ground to expect a favourable issue. Reviewing the whole matter, and considering the successive obstacles which were encountered at the several steps of the operation, I fail to see in what respect any other course could have been at any time taken by which the chances of the patient would have been increased, although, one will often, upon reflection, imagine he might have done otherwise for the benefit of his patient, just as the on-looker will often fancy that, had he the matter in hand, difficulties would disappear like frost before the rising sun.

In conclusion, I would express my thanks for the kindly aid offered by the several medical gentlemen present. In all operations, and especially in trying ones, it is of the first importance to have efficient assistance from those who stand ready to give judicious advice whenever you may ask it.

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(To the Editor of the Canada Lancet.)

SIR.—I am induced to report the following case of puerperal fever, as I believe it is out of the ordinary routine of such cases.

Mrs. Margaret L., aged 25 years; third pregnancy; admitted to this hospital at 10.30 p.m., on February 16th, 1871. She stated that the pains began that evening, about eight o'clock, but did not become severe till nine, when her husband brought her here in a cab. The pains gradually became more regular and severe, and at midnight she was safely delivered of a fine healthy boy, weighing eight pounds. The placenta came away in half an hour, and the uterus became firmly contracted. She stated that she had made favorable and rapid recoveries in both of her previous confinements.

The patient continued to improve for eight days; the lochiæ being normal in quantity and quality. On February 24th—the

ninth day—I noticed, for the first time, that the patient spoke at times in a rather strange manner, but always rationally, and wished to rise. Permission was given to the nurse to allow her up, for two hours. While the nurse had her back turned, the patient ran to an open window in an adjoining ward, but could not have been there scarcely a minute. She was ordered to bed again, and still said she felt perfectly well, continuing to take her food with a good appetite. She was questioned as to feeling any chill, but persisted in saying that she had not, and no rigor had been noticed by the nurse.

About seven p.m., I made my evening visit to the wards, and found her very well, with the exception of the pulse, which was about 85 or 90; but I attributed this to her excitable character. I then went out; but on my return, about 11.30 p.m., I found that they had been obliged to send for the attending physician, as the patient had become excited, and complained of great pain over the abdomen.

Turpentine stupes were applied to the abdomen, and an opiate every two hours was ordered. Pulse 160.

February 25th, 10.30 a.m.—Pulse 136; abdomen tympanitic; tongue dry. Professor Simpson visited her at 12.30 p.m. Pulse 130; local peritonitis on lower border of the liver. Turpentine stupes every half hour; opiate every two hours; turpentine internally, 10 drops every four hours. Towards evening the pulse became quicker, and when pressure was applied to the abdomen she complained of no pain. The patient continued quite conscious till about 6 a.m. on February 26th, and at 7.15 a.m. she took a convulsion and died immediately after.

What seems very strange in this case, is that the patient continued so well up to the ninth day after delivery, her disease being ushered in without showing any premonitory symptoms of its approach, such as a prolonged chill, rigors, &c. No assignable cause can be shown for the rapid inception of the disease. No one had visited the patient except myself and the attending physician. It cannot be traced to an erysipelatous patient in any way, and no other patient has died of fever in the hospital for some months.

Yours, &c.,

FRED. R. L. STRATHY,  
House Surgeon.

Edinburgh, March 1st, 1871.

(To the Editor of the Canada Lancet.)

SIR,—I am not sure whether you allow controversy to take place in the pages of your journal or not; I hope you do, to a certain extent, as I think a little controversy beneficial, especially to the younger members of the profession, provided it be carried on honourably and honestly. I hope you will oblige me by allowing my present communication to appear in the *Lancet*, as I feel it somewhat incumbent upon me to write it, inasmuch as Dr. A. Agnew, of Delaware, Ont., in reporting a case of worm fever in the March number of the *Lancet*, somewhat similar to my case, which appeared in the January number—only more so, as Artemus Ward would have said, alludes to my case in a rather disparaging manner.

He first informs us that it is often difficult to tell whether the worms are the cause of the disease or a mere complication, and then states that the report of my case throws very little light upon the subject. I have read the report of Dr. Agnew's case, and I fail to see that it throws any more light upon the subject—certainly more worms—but scarcely more light. Though the reading of my case may not have let much light into the Dr.'s mind, it probably assisted him in diagnosing worms to be the cause of his patients' trouble, especially as the worms were making their appearance, per. os., and also in determining him to attack the "varmint," as he so graphically describes it.

He further states, that the presence of 18 worms in the bowels, was scarcely sufficient to account for the symptoms I described. As well might Dr. Agnew say, that the inhalation of marsh miasmata, was not sufficient to account for an attack of ague, with its accompanying train of symptoms. And, in my opinion, his grounds for such an assertion would be far more tenable.

However, in reporting my case, I did not enter into any pathological discussion of the subject, as Dr. Agnew has attempted to do, but merely reported the case as it occurred in my practice, with the treatment and its result. And, whether or not, the presence of 18 worms was the cause of the symptoms I described, certain it is, that upon their removal the child got better immediately. But with your permission I will now make a few remarks upon the subject. I quite agree with Dr. A. that it is often difficult to tell whether the worms are the cause of all the symptoms. But we are often beset with greater difficulties in other diseases. I suppose that Dr. Agnew is aware that the alimentary canal is lined with mucous membrane, and largely supplied with little vessels, called absorbents, and that one of the strong-

est laws in the animal economy is that of sympathy of one organ or set of organs with another. Now, the presence of a large number or even a limited number of worms in the alimentary canal, must, and does set up a great amount of irritation, and interferes greatly with the process of digestion and assimilation. That a great deal of irritation is present is plainly shown by the character of the stools. And when we take into consideration the fact that worms are generally found in children whose diet has been erroneous and illregulated, which of itself is sufficient to cause a great amount of disturbance throughout the system, it is easy, I think, to account for a great variety of symptoms. And furthermore, in my opinion, the irritation set up by the worms, which has been going on in the system for some time, gives rise to diseased matter, part of which becoming absorbed, acts as a species of blood poison. Hence, we have the circulation evidently disturbed with its accompanying fever, heat of skin, eruption, &c. In conclusion, whether or not the worms are the cause of the symptoms, I know that during the last seven years I have had a number of cases of worm fever, the symptoms of all disappearing upon the removal of the cause (worms).

Apologizing for the space I have taken up, I remain,

Yours very truly,

R. J. DARRAGH, M.D.

Columbus, Ont.

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(To the Editor of the Canada Lanset.)

SIR,—I am greatly amused by the trait of self-confidence (which always stamps the great mind) displayed by a correspondent in your last number. His modesty and courtesy has induced me to reply to a portion of his remarks. He speaks of "indifference and contempt" being shown by the public toward the profession, and uses the terms "childish and bigoted," as applying to the estimation in which medical men are regarded. This is mere nonsense. Every reflecting man is aware that the members of our own, as well as the other professions, are judged on their merits. The most skilful and experienced is he whose services are in the greatest demand; as a consequence, with very few exceptions, the ablest man is the most successful. I have little doubt that the public would find themselves in a dreadful dilemma, if your correspondent would withdraw,

for the shortest time, his valuable services. If he could find it in his heart to be thus merciless, I feel quite satisfied that "the indifference and contempt," now shown him, would speedily vanish, as the cause for it would no longer remain.

He asks, "what medical men were consulted, when the Homœopathic and Eclectic boards were authorized," &c. In answer to this, permit me to state that I know as a fact, the proposals in connection with the initiation of this measure came from gentlemen of the same school as your correspondent. These gentlemen were not sought after by the Eclectics, but voluntarily came to them, to do what was considered a matter of justice to an important section of the profession. The Ontario Medical Act, embodying in its details the agreement arrived at, by representatives of both bodies as well as the Homœopathists, is considered to be wise and liberal in its provisions, and as eminently satisfactory to the majority of the profession. I am not aware that your correspondent was consulted, nor do I think it was at all necessary that his favorable opinion, much less his consent, be obtained, before the Legislative Assembly of the Province should dare place it on the statute books, as the law of the land. This fact may account for the displeasure of so eminent a practitioner, so high an authority in the medical world as Wm. Oldright. Granted, these gentlemen possessed the knowledge, patience, energy, and every necessary requirement to form a proper estimate of their duties and responsibilities, they must still have lacked some of the qualities seemingly possessed by this self-introduced Solon, who now lectures with so much authority on the subject. He thinks it wrong that "students have now to be examined by the proprietor of the Victoria Wine Bitters and three other Eclectics and Homœopaths." And pray sir, why not? Are Eclectics and Homœopaths to be barred from all privileges for the exclusive benefit of Allopaths? This would be neither wise nor just. I am sir, a graduate of the University of Victoria College, as well as the Central Medical College of New York, and although classed by your correspondent, as having no other rights than as a member of the Electic section, still I think these sufficient to entitle me to the position I now occupy.

So far as the Victoria Wine Bitters are concerned, I have to inform your correspondent, that I am not the proprietor of that

article, but the inventor of it. In that connection, I may state that I know it to be more serviceable than adulterated whiskey, bad brandy, or any compound of methylated spirit, some one of which articles is often prescribed to the great detriment of those who use it. If Dr. Oldright does nothing more to affect his professional reputation, than give to the country "The Victoria Wine Bitters," he would be able to court an investigation with more success than, I think, he can do at present.

Truly yours,

G. A. CARSON.

Whitby, 23rd March, 1871.

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(To the Editor of the Canada Lancet.)

SIR,—Permit me, through your pages, to enter my protest against the abuse which Dr. Strange makes of his office as Registrar. On the passing of the last act, I applied to Dr. Grant, and, at his suggestion, wrote to Dr. Strange, who requested me to send my license, &c. Accordingly I enclosed it to him, with certificate from the Reeve, and five dollars, the proper fee then.

I have not heard from this Dr. Strange—well named—from that time to this, though I have repeatedly written to him.

I have the registry certificate from the post office, and a letter from the post office authorities, certifying that my letter containing the license was delivered.

Now let me ask you, as a confrère, is this decorous treatment? is it even honest?

Should those who elected him desire to provide for a burdensome acquaintance, let me suggest some *other* place, where he can be provided for at public expense, and spare those, who have not too much, in our honorable profession.

Yours, with respect,

GEORGE C. AYLWIN, M.C.P.S., C.E.

Jeno, Onslow P. O., Feb. 28, 1871.

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APPOINTMENT OF CORONORS.—Dr. Jones, of Port Perry, Dr Lovett, of Ayr, and Dr. Joseph Carbert, of Orangeville, have been appointed Associate Coronors for the respective counties in which they reside.

# The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

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*For Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

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TORONTO, APRIL 1, 1871.

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## MEDICAL REPRESENTATION IN PARLIAMENT.

As the result of the late elections four medical gentlemen have been returned for the following constituencies :

- Dr. Baxter, Haldimand.
- " Boulter, North Hastings.
- " Wilson, East Elgin.
- " Clarke, North Norfolk.

We are glad to see so good a representation of the medical profession, and from what we know of these gentlemen we feel satisfied that they will not only guard the interests of the profession in the Province, but will be a credit to the House of which they form a part.

While we admit that in the interests of the country at large the best men should be chosen, irrespective of their profession, and that class representation, like class legislation, is wrong, we cannot but feel gratified to think that the noble profession to which we belong is, as it should be, fairly represented in the halls of our local legislature.

There is no class so largely represented as the profession of law, and there is no class better qualified for the discharge of those duties peculiar to the house than lawyers, men who have made legislation a study, and were it not for this circumstance the large proportion of representatives from this class would be very injurious to the welfare of the state. There is always the danger of a reaction when any individual or class runs to extremes, especially on matters of public interest, and this may come to be the case with the legal profession ; but there is very little danger of such a calamity befalling the members of the medical profession.



ORIGINAL PAPERS.

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In consequence of the length of some of the original communications in the present number we have been obliged to withhold some very important original matter which will appear in the next issue. During the past month we have received some most excellent practical papers on various medical subjects, and we cannot but express our extreme gratification at this most favorable indication. Some of these are exceedingly well written and reflect no small credit on their respective authors. They will also compare favorably with the medical literature of older countries. Country practitioners who have long drives over bad roads, as a general rule, have much less time and opportunity for the preparation of medical papers than city practitioners; but so far they have furnished more material for the columns of the *Lancet* than their more highly favored *confreres* in the cities. Several original articles that appeared in the *Lancet* have been copied into British and American Medical Journals, among which may be mentioned an article on "traumatic tetanus," by Dr. Loughheed of Brighton, an interesting paper by Dr. Constantinides of Toronto, on a peculiar case of malformation, and one somewhat similar to the latter reported by Dr. Uzziel Ogden of Toronto.

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HUNTER vs. OGDEN.

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In this case, it will be remembered, a verdict for \$500 was returned at the Fall Assizes in this city, against the defendant, for an alleged breach of contract, he having declined to remain at plaintiff's house, where, on his arrival, he found another physician in attendance. The case being appealed to the Court of Queen's Bench, the verdict was reduced to one shilling, and each party ordered to pay his own costs, thus relieving the defendant of all costs but his own counsel fees.

This case, with several others recently before the Courts of this Province, show how fortunate it is, that an intelligent and enlightened judiciary intervenes between our unfortunate profession, and an ignorant, prejudiced and partizan jury.

## THE MEDICAL DEPARTMENT OF TRINITY COLLEGE.

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We stated in the last number of the *Lancet* that the Medical Department of Trinity College would shortly be reorganized. By reference to our advertising columns our readers will see that this is now an accomplished fact. We are gratified to know that the newly reconstructed department is entirely free from any restriction likely to diminish either its prosperity or its influence.

The Faculty as will be seen, is composed of well-known medical teachers, whose names will be the best guarantee the profession and the public *can* have as to the future character and conduct of the school.

The Medical Department formerly enjoyed a very high reputation at home and abroad, and the authorities of Trinity College have done well in choosing a most auspicious time for its reorganization, and in effecting it in a manner so liberal as to place its full success beyond peradventure.

New and commodious buildings will be erected during the coming summer in the immediate vicinity of the Toronto General Hospital, and every arrangement will be made for the benefit and convenience of students in attendance.

The announcement, giving full details will be issued in due time, and will, we have no doubt, from its liberality and comprehensiveness, be eminently satisfactory to those interested, and especially to those who have the welfare and prosperity of Trinity College at heart.

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## ST. THOMAS' HOSPITAL, LONDON, ENGLAND.

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Dr. Legros, Clark, has been appointed senior surgeon instead of Dr. Solly, who has resigned.

Dr. Solly was a candidate for the presidency of the Royal College of surgeons, but was defeated by Sir Wm. Ferguson, who was chosen to fill that post of honor. He also expected to be made Sir. Samuel Solly this year, but something occurred to prevent his elevation to this rank. He has given up his house in Saville row, and it is reported that he has had a stroke of paralysis

It is said that misfortunes never come singly, and this would appear to be true in the case of poor Solly.

Dr. Leibreich has been unanimously elected by the authorities of St. Thomas' Hospital, as ophthalmic lecturer at that institution, and as ophthalmic surgeon to the hospital.

The friends of St. Thomas' Hospital may well congratulate themselves on the appointment of one so talented and eminent in his profession as Dr. Leibreich.

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### PROFESSORIAL CHANGES.

The following gentlemen have resigned their respective chairs during the past month.

Norman Bethune, M.D., F. R. C. S., Edin.; Prof. Principles and Practice of Medicine, Victoria University; J. Fulton, M.D., M. R. C. S., L. R. C. P., London; Prof. Physiology and Lecturer on Sanitary Science, Victoria University; J. Algernon, Temple, M.D., M. R. C. S., England; Lecturer on Medical Diagnosis and Pathology, Victoria University, and Arch. E. Malloch, B.A., M.D., Glasgow; Demonstrator of Anatomy, and Lecturer on Surgical Anatomy, Victoria University; W. B. Geikie, M.D., F.R.C.S., Edin; L. R.C.P., London; Lecturer on Clinical Medicine, Toronto School of Medicine.

The above named gentlemen were subsequently appointed on the medical staff of Trinity College, the announcement of which will be found in another column of the "*Lancet*."

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### NEW MEDICAL SCHOOL IN MONTREAL.

A new Medical School has been established in Montreal, and has obtained from the Lennoxville University the privilege of granting degrees, &c. The chairs and their occupants are somewhat as follows:—Medicine, Dr. David; Surgery, Dr. Hingston, Midwifery, Dr. Smallwood; Institutes of Medicine, Dr. F. W. Campbell; Materia Medica, Dr. Trenholme. Other appointments have not yet been decided.

This is the third Medical School in Montreal, and from the well known reputation of the gentlemen who compose the staff thus far appointed, we have every reason to believe that it will be a success, and will constitute a formidable rival to McGill College.

### McGILL COLLEGE EXAMINATIONS.

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The lectures of the Medical College of McGill University closed on the 17th of March, and the primary examinations in the Faculty of Medicine commenced on the 20th. The following students passed, viz:—A. D. Blackadder, Brantford; J. R. Hamilton, Toronto; H. L. Copeland, St. Catharines; Geo. H. Christie, Lachute; W. J. Sharp, Simcoe; W. E. Waugh, London; A. B. Mallory, Cobourg; Hamilton, Allan, Osgoode; Robert Howard, St. John's; Thos. Kelly, Durham; D. C. Crain, Almonte; Henry Hetherington, Dickson; A. Wagner, Dickinson's Landing; W. E. Nicoll, St. Mary's; Jas. T. Munro, Hawkesbury; P. J. McLaren, Lanark; Z. Hebert, Montreal; Arthur C. Brown, Montreal; B. A. and John Morrison, Huntingdon.

In the primary examination the prize was gained by Thomas Kelly, Durham; H. Allan, of Osgood, being second.

The following gentlemen passed for the degree of M.D.C.M.—Lewis H. H. Beaudry, St. Pie; A. J. Cattnach, Fergus; F. J. Davignon, St. Mathias; James Duncan, Port Dover; M. Gardner, Hespeler; C. F. A. Locke, Barrie; Thomas C. McConkey, Barrie; F. H. Mitchell, London; Frank Warren, Whitby; H. P. Wright, Ottawa; R. A. Stevenson, Cayuga; A. W. Marston, Hull; George W. Major, B. A., Montreal; Wallace Clark, B. A., Montreal; C. McKay Freeman, Milton, Nova Scotia; Thomas G. Johnson, Sarnia; Wm. G. Ross, London; Henry R. Brissett, Chambly; John A. Mathieson, Embro; C. J. Rattray, Cornwall; R. A. Alexander, Stony Creek; Gideon M. Duncan, Bathurst, N. B.; John R. Hamilton, Stratford; John A. Read, St. John's, Newfoundland; Alexander D. Blackader, B.A., Montreal; Lewis G. Hunt, Halifax, N. S.; Thomas D. Reed, Montreal; John Duncan, Port Dover.

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We have just received a copy of the proceedings of the Third Annual Meeting of the Canadian Medical Association, and are requested to say that copies are in the hands of Dr. H. H. Wright, of this city, for all the medical practitioners of Ontario, who can obtain them by writing and enclosing postage. We will have something to say, in a future number, on the modest Bill accompanying the proceedings.

## EASY METHOD OF BED MAKING IN FRACTURES.

Dr. E. D. Worthington, of Sherbrooke, Quebec, in the February number of the *Canada Medical Journal*, describes an exceedingly simple and easy method of bed making in fractures. The contrivance is very easy of application, and as it is something new and original, we give the description in full, and would recommend it as a useful and ingenious arrangement for the purpose for which it is intended. His apparatus is as follows:—

“Eight pieces of pine—six of them being each thirty inches in length, four in breadth, and three-eighths of an inch in thickness. The other two are three in breadth, three-quarters of an inch in thickness, and the length of an ordinary bedstead; the ends and edges of them all being rounded, and perfectly smooth.

“When everything is ready I pass the short pieces separately under the patient from side to side, at regular intervals from the head to the feet—say one at the heel, the calf of the leg, the middle of the thighs, the hips, small of the back, and shoulders. The long pieces are then carefully inserted under the ends of the short pieces. The apparatus is put together in a minute, and one person at each corner lifts the patient steadily on this temporary stretcher. The bed underneath is arranged in two minutes more, without the least feeling of discomfort to the patient. In this way my patient has been moved every day for the last two weeks. As her bedstead is rather low, two ends of the long side pieces are lifted so as to rest upon the headboard, and a couple of hassocks support the lower ends until the process of bed making, &c., is completed.

“In all the stretchers I have seen used, the patient had to be lifted upon them, while in this plan the stretcher is made under the patient. As a matter of safety the four corners may be secured by a pin or screw, but the weight of the patient, and a little care on the part of the attendants, render this unnecessary in a sick room.

“It is sometimes difficult for nurses to pass the bed pan well under a patient, but by adopting the above suggestion either the bed pan or ordinary ‘utensil,’ according to the peculiar notions of invalids on this delicate subject, may be used without risk of making the sufferer a victim of misplaced confidence.

“In conclusion, I believe that for ‘field use,’ the above put together in sets, with a wooden pin to be dropped in a hole at each corner, would be cheaper, more profitable, and in every respect better than the present army stretcher.”

## MEETING OF THE MEDICAL COUNCIL.

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The next annual meeting of the Medical Council will take place in Toronto at noon on Tuesday the 6th of June next. Last year the meeting was held at an earlier date; but the rains and mud made it very unpleasant. As there is nothing very urgent at present, it has been deemed advisable to wait until the pleasant weather in June.

In this connection we have been requested to state that any person wishing any information, or business transaction with the Council, will please write the President, Dr. Brouse, Prescott, and he will see that it is properly attended to.

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## HONORS.

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At a meeting of the New Brunswick Medical Society, St. Johns, held on the 4th day of January, 1871, Edward M. Hodder, Esq., M.D., F. R. C. S., England; Toronto, was duly elected an honorary member.

DR. BAYARD,  
*President.*

DR. ALLISON,  
*Secretary.*

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## QUEEN'S COLLEGE—FINAL EXAMINATION FOR M.D.

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The following gentlemen passed their final examinations for the degree of M.D., at the examination of the Royal College of Physicians and Surgeons:—Gerald Bernard, Elswood Chaffey, Dr. W. P. Day, A. C. Fairbairn, N. B. Gillies, Kenneth Gunsolus, Wm. Higinbotham, W. R. Houston, Edward Kidd, Jas. Lafferty, Jas. Newell, J. A. Vanallan, and Dr. Young.

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## OBITUARY NOTICES.

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We regret to announce the death of our esteemed fellow-citizen and brother practitioner John Brown M. D., who died of consumption on Tuesday the 7th ult., in the 36th year of his age. His funeral took place on the 10th from his late residence on Queen Street, and was largely attended. The deceased was a member of St. John's Lodge, No. 75 A. F. and A. M., of this city.

and also of Covenant Lodge No. 52, I. O. O. F., B. U., a respectable number of whose members joined the procession. Dr. Brown was a graduate of Victoria College and has been practicing with marked success in this city for several years. He leaves a large circle of acquaintances to mourn his untimely loss.

In London, Ont., John T. Farrell, M. D., on the 22nd of February, of enteritis, after a short, but severe illness. The deceased was a very promising, and rising member of the profession, and well versed in all the details of medical and surgical practice. He was a graduate of Queen's College, Kingston, and also of the University of New York. He obtained the provincial license in 1861, and practised for some time in Dunnville; but subsequently removed to London, Ont., where he died at an early age, much respected by the profession, and much regretted by a large circle of friends and acquaintances.

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#### MEETING OF THE MEDICAL PROFESSION OF TORONTO.

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A meeting of medical men was held, pursuant to notice, at the Mechanics' Institute on Wednesday evening, the 8th ult., at which the following gentlemen were present:—Drs. Allan, Barrett, Beaumont, Bethune, Barriek, Buchan, Canniff, Cassidy, Cooke (England), Fulton, (as reporter for the *Lancet*), Geikie, Hodder, Lawlor, Lizars, Malloch, Mullin, McFarlane, Oldright, Ross, Reeve, Roseburgh, Thorburn, Wright, H. H., Wright, G., and some others.

Dr. Beaumont was called to the chair, and briefly explained the objects of the meeting.

The following resolutions were then moved by various gentlemen present:—

1st. That this meeting is of opinion that the medical profession should always be consulted in matters which are made the subject of medical legislation. And this we believe to be for the interest of the public, as well as of ourselves, inasmuch as everything which tends to the advancement of the profession will always benefit the public at large.—Carried.

2nd. That in view of the existing state of medical affairs in the Province of Ontario, we believe it to be the duty of every

medical man to use his influence with candidates for parliamentary honours during the present crisis, so as to effect an improvement in medical legislation.—Carried.

3rd. That we will not support any candidate who will not agree to modify the law under which the profession of Ontario is at present incorporated, at least so far as to bring its Council and Examining Board into conformity with the provisions of the contemplated Medical Act for the Dominion of Canada.—Carried.

4th. That we further urge upon medical men the desirability of requesting candidates to advocate a repeal of the Ontario Medical Act, which unites us with persons known as Homœopaths and Eclectics. Carried on a division.

A committee was then appointed to give effect to these resolutions, and to report at a future meeting.

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## TORONTO HOSPITAL REPORTS.

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### SERVICE OF DR. CANNIFF.

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(Reported by Mr. J. T. Abbott, Clinical Clerk.)

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#### DISLOCATION OF HEAD OF RADIUS BACKWARDS.

Wm. M., aged 25, native of England, admitted December 7th, 1870. This interesting case had been seen before admission, by a physician, and as the symptoms were somewhat obscure, a diagnosis had not been made; but it was surmised that a fracture of the olecranon process had taken place. After deliberate examination of the arm, there was no difficulty in arriving at the conclusion that the injury was an instance of the unfrequent dislocation of the head of the radius backwards. Subsequently, upon examining Hamilton on this form of dislocation, it was found that the symptoms of the case in hand were such as described by him. Hamilton questions whether this injury so often occurs as has been recorded, although the number is not great. In this case, reduction of the dislocation and the speedy recovery of the patient, supports the accuracy of the symptoms which were present. But, unquestionably, the anatomical construction of the parts precludes an easy displacement of the radius backwards.

There was some uncertainty as to the cause of the accident, as the man was intoxicated at the time he sustained the injury;



but, so far as could be gathered, he had, when in the act of falling, seized hold of something to save himself. By this means the arm had probably been much twisted, while the muscles were in a state of comparative relaxation from alcohol.

An attempt was made to reduce by flexion, as well as by extension, at the same time pressing the head of the bone. Failing in this, the patient received chloroform, after which reduction was easily effected. The arm was placed in a sling. Three days after, upon examination, the arm was found well, and could be easily moved in any direction.

#### DISLOCATION INTO THE AXILLA, LEFT SIDE.

James S., aged 50, native of England; occupation, hostler. Fell upon the ice in such a way as to displace the head of the humerus. Dr. Canniff was called in consultation, and administered chloroform, while the dislocation was reduced by Dr. May. The man lived in the country, and it was nearly twenty-four hours after the accident before reduction was made. During that time he had suffered much pain, which was attributed to pressure upon the brachial plexus. The reduction was readily effected.

Three days after (22nd January, 1871,) he was admitted into the Hospital, when it was found that there was partial paralysis of the arm, from the injury sustained by the brachial plexus; the ulnar nerve being less affected than the others derived from that plexus. By friction and use, with tinct. nux vom., and latterly the battery, the man is slowly regaining the use of the arm.

#### DISLOCATION OF HUMERUS—THREE MONTHS' DURATION—UNSUCCESSFUL ATTEMPT AT REDUCTION.

Ellen F., aged 48, native of England; admitted 19th Dec., 1870. This was a stout woman, with a good deal of tissue overlying the parts involved in the dislocation. But the head of the bone could be felt anterior to the coracoid process. Several attempts were made to reduce, but without entirely succeeding. The patient being fully under the influence of chloroform, and assisted by Drs. Bethune, Rowell, Malloch and others, the pulleys were applied, and continued as long and with as much force as dare be used. The first operation had the effect of bringing the head of the bone into close relationship with the glenoid

cavity. Although the subsequent efforts to completely reduce failed, the patient has received much benefit. When admitted, she had no use of the arm; but now she can bring the hand to the top of the head. Passive motion was kept up, and she has been instructed to use the limb, with this result. The obstacle to the reduction which has not been overcome, may not be fully determined. The adhesions seemed to be entirely broken up at the time of operation; the action of the muscles was overcome by the chloroform and the extension. Probably the capsular ligament had been ruptured, so as to permit the head to slip through, which was then caught as a button in a button-hole.

#### TWO CASES OF DISLOCATION IN THE AXILLA—EXTERNE PATIENTS.

Both men of middle age. The first, who was brought by Dr. Fisher, of Toronto, was a strong muscular man, and he had to be fully etherized before the reduction was effected, which was done by placing the heel in the axilla, and extension being made by assistants. The second case was easily reduced, without chloroform, in the same manner as the first.

#### FRACTURE OF THE SHAFT OF THE RIGHT FEMUR AND LEFT FIBULA.

Thomas H., aged 28, Canada, admitted June 21, 1871. While engaged in superintending the razing of an old brick building, the chimney fell upon him, almost burying him beneath the bricks. But fortunately a ladder had fallen upon him in such a way as to protect his body from fatal injury. He received several bruises and a fracture of the fibula; but the main injury was the fracture of the femur a little below the middle. The fracture was slightly oblique from before backward. He was conveyed to the hospital, and a few hours later the limb was put up. A long splint from the axilla would have been preferred, but one so long not being immediately available, a shorter one, extending, however, from about five inches above the crest of the ilium was employed. A great object secured by the long splint is the fixture, so to speak, of the body and the fractured limb, thereby preventing motion. Extension was made by means of adhesive straps applied to either side of the leg from the knee, and sufficiently long to be passed through a foot-board attached to the straight splint, and tied. The counter extension was effected by a perineal bandage fastened to the upper end of

the splint. Three short splints were applied to the thigh, one in front, one behind, and one at the inner side. When the whole was adjusted it was found that the limb, compared with its fellow, was in a natural position. The following day found the man comfortable and the limb in good condition. Subsequently, in consequence of excoriation at the perinæum, a pully and weight at the foot was substituted for perineal bandage. The foot of the bed was raised to the extent of eight inches, and the upper end of the long splint was attached to the body by bandage. No untoward symptom presented itself, and at the end of six weeks the splints were removed. Provisional callus upon the posterior aspect of the bone was found to be abundant, but the limb was natural in its general appearance. A starch bandage was applied and the patient removed to his home. He has been seen since that time, and now, on the 20th of March he is able to get about on crutches. The limb is looking well.

The fracture of the fibula did not require much attention. By pressure behind, the fragments were brought into place, and the leg was made comfortable by an elevated position.

#### CASE OF FRACTURE OF THE NECK OF THE FEMUR—INTRA-CAPSULAR.

Peter R., aged 67, native of Ireland, admitted 10th of Feb. 1871. A feeble bodied man met with an accident a fortnight before admission, by falling heavily upon the ground striking upon the nates. The perinæum was much bruised and diffused inflammation followed. Abscesses formed and discharge continues. He was entirely helpless, not being able to move the left leg. Upon examination, the principal deformity was found to consist in shortening of the limb to the extent of an inch and a half. Crepitus could be felt upon flexing the thigh. The limb was placed in a comfortable position on the double inclined plane. A few days after it was noticed that the limb had become shortened to the extent of three inches, and that the trochanter major was prominent and much higher up than natural. A pully and weight was attached to the limb, but the patient was unable to bear the confinement. The limb was then placed in a McIntyre splint and made fast. This degree of confinement the patient has been able to endure.

It is no uncommon thing for the shortening, which is limited at first, in intra-capsular fracture to become greater from the stretching of the capsular ligament. Of course when the fracture is completely within the ligament, the hope of ossific union must be limited, but in this case it is hoped that the fracture is oblique and that a portion of the upper fragment is attached to the capsular ligament so as to obtain a better arterial supply.

## Selected Articles.

### LOBULATED INTRA-UTERINE FIBROID TUMOR SUCCESSFULLY REMOVED.

BY WILLIAM SYMINGTON BROWN, STONEHAM, MASS.

(Communicated to the Society, and read Oct. 4, 1870.)

Mrs. S—— B——. thirty-six years of age, married, and the mother of two children, the younger of whom was born eleven years ago, was brought to my office for examination on the 19th of last July.

Appearance anæmic; much debilitated; stomach irritable, with scarcely any appetite, and frequent nausea. During the last nine years she has been subject to copious hemorrhages, aggravated at the menstrual periods, for which she has been attended by several physicians, without much benefit.

On examination, *per vaginam*, the uterus was found considerably enlarged; the sound passed four and one-half inches. She was told that it would be necessary to dilate the womb, in order to ascertain the precise nature of her disease; and, for greater convenience of access, she took up her residence with a married sister in the adjoining town of Wakefield.

A sponge tent was readily inserted on Thursday, July 21st, allowed to remain five hours, and a second tent inserted, which was removed next morning. On account of the extreme heat of the weather, and the near approach of her menstrual flow, nothing more was attempted till Friday, July 29th, when a third tent was inserted, removed after five hours, and replaced by an extra large sponge tent, which was allowed to remain over night. On its removal, the presence of a lobulated fibrous tumor, attached to the body of the uterus, and especially to the posterior wall and fundus, could be distinctly felt.

The patient and her husband were informed of the state of affairs, and a consultation recommended, to which they cheerfully consented. Dr. H. R. Storer, of Boston, was consulted, and agreed to visit and operate, if thought advisable, on the following Tuesday (August 2nd). He was unfortunately prevented from attending by personal sickness. Dr. Sullivan, of Malden, Drs. Stevens and Brown of Stoneham, and Dr. Abbott, of Wakefield, were present. The patient was fully etherized; a sponge tent, which had been put in on the preceding evening, removed, and a portion of the attachment broken up by the fingers and scissors. Several attempts were then made to pass the chain of an

ecraseur around the base of the tumor, but, on account of the narrow space and the firmest part of attachment being at the fundus, without success. The patient had now been three hours on the table, during which time she occasionally required strong stimulants, and although very little blood had been lost (less than two ounces), a majority of the surgeons present were of opinion that it would not be advisable to proceed with the operation that day. To have done so would have necessitated slitting up the cervix on both sides, a step sometimes followed by profuse hemorrhage; and the patient could not afford to lose much more blood.

She rallied well, and passed a good night.

A week later, Tuesday, Aug. 9th, at eleven o'clock a.m., the patient was again etherized, in the presence of Drs. Storer, Sullivan, Abbott and Brown. The cervix was thoroughly dilated by means of a rubber bag, filled with water, but it soon contracted again. The cervix was then partially incised by Dr. Storer, and an unsuccessful attempt made to pass the chain of an ecraseur around the tumor.

At this stage, Dr. Cutter, of Woburn, arrived, and also made a similarly unsuccessful attempt to pass the chain. He had fortunately brought with him a new instrument, capable of being attached to the large ecraseur, for operating in deep cavities. It consists of a flattened brass tube, eight inches long, three and one-sixteenth inches broad, and one-sixteenth inch thick. The tube is soldered to a round nut, which screws on to the socket, into which the branches also fit. Annealed iron wire is employed as the cutting agent. The tube was bent so as to form the arc of a circle with a radius of six inches. An oval loop of wire was formed, one and one-half inches long and one inch short diameter, and passed into the uterus by the side of the growth; the loop was then expanded and passed over the tumor with the aid of the tube, finger, and a blunt-ended sponge-holder. Traction was made, the finger following the wire, until the section was completed.

After the tumor had been thus detached, it could not be removed from the uterus, on account of its bulk, being nearly as large as the fist, until cut into three pieces by Dr. Cutter's apparatus. Even then it was with great difficulty and the application of much force, that Dr. Storer finally succeeded in "delivering" the two larger sections.

During this operation, which lasted fully three hours, stimulants were occasionally administered; but she rallied from the anæsthetic (Squibbs' ether) even better than on the previous trial. The urine was drawn off by catheter at five and eight o'clock p.m.; at eleven p.m.

she passed water voluntarily; nor did the catheter require to be used again. No untoward symptoms of any importance occurred during recovery. Her appetite gradually improved; and within two weeks after the operation she was able to be moved to her mother's house in Lynnfield (a distance of three miles), for convenience of nursing; and in less than four weeks later returned to her own house in Peabody.

The after-treatment was exceedingly simply. Washes of weak carbolio acid (five grains to the pint of water), alternating with the solution of permanganate of potass, were employed to remove discharges from the vagina, the odor from which was never very offensive. Iodized olive oil was used externally over the chest; and syrup of the hypophosphites of lime and soda given internally.

About five weeks after the operation the menstrual flow set in, and lasted nearly five days. The uterus, which had been much prolapsed, has returned to its normal position, and the incisions in the cervix have healed.

In several respects, this case is remarkable. Prof. Klob, of Vienna, says that the lobulated variety of fibroid polypus is rare. But the principal interest centres round the method employed for the first time in this case to detach the growth. When operations are necessarily conducted in narrow cavities, it is of the highest importance to have the instruments as small as possible. That Dr. Cutter's flattened tube possesses the advantages of compactness combined with the requisite strength, was clearly shown in this case by the successful result. Most surgeons who have used Chassaignac's *ecraseur* will admit that the "kinks" or knots formed by the chain are annoying to the operator, and often foil him in effecting his purpose. To obviate this very difficulty, Dr. J. Marion Sims invented a complicated addition to the *ecraseur*, called a *porte-chaine*, which in other hands has failed, and is now laid aside as impracticable. This little instrument of Dr. Cutter's, originally intended for operations in the throat, answers so admirably for certain uterine tumors that it seems impossible to simplify it further.

It may be added that the rapid recovery, uncomplicated with bad symptoms, was greatly helped by the cheerful courage of the patient herself, and the careful nursing of an intelligent mother.—*Gynecological Journal*.

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## BOOK NOTICES.

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MEDICAL AND SURGICAL REPORTS. BOSTON CITY HOSPITAL.  
Edited by J. Nelson Dorland, M.D., and David W. Cheever.  
Published by Little, Brown & Co.

This volume contains upwards of 600 pages of reading matter, and several illustrations of excisions, skin diseases, &c. It presents a large amount of valuable statistical information in reference to the diseases treated in this hospital, covering a period of five years, such as pneumonia, acute rheumatism, typhus and typhoid fevers.

In looking over the article on Excision of Joints, we find that the elbow was excised ten times—for caries, four times; and for compound fractures, six times. The ratio of mortality was twenty per cent.; but a very marked difference exists in favor of excision for disease. Of these none died; while of traumatic excisions one-third were fatal, and one-half of them required amputation subsequent to excision. The unsuccessful cases were, however, complicated with sloughing and delirium tremens.

The wrist was excised once for caries. All the bones were removed, except the trapezium. The case did very well, but the patient ultimately died of uræmia.

The hip-joint was excised eleven times—nine children and two adults; seven survived, and four died, including both adults. The operation of excision is rarely ever successful, if performed after puberty.

In the article on Pneumonia, it appears that 190 cases were treated in the last five years. The greater portion of these cases were treated by the plan set forth by Dr. Bennett: milk and beef tea, with wine whey, to the extent of from six to twelve ounces of sherry wine daily. External applications have been used in many cases, by enveloping the part affected by a "jacket poultice" of flax-seed meal, and kept warm. The results were as follows: of the 107 uncomplicated cases, 95 were discharged well, 2 relieved, and 10 died, or one to every 10 and 1-7th cases.

300 cases of acute rheumatism were treated; of these 125 were under purely alkaline treatment, and 18 of these developed cardiac diseases of the heart during their stay at the hospital, 13 endocardial, and 5 pericardial. The average stay at the hospital of those under alkaline treatment was 24 days; from this, one week may be deducted for the period of convalescence.

175 cases were treated by the non-alkaline plan, such as colchicum, opium, syrup of lime, blisters, &c.; of these, 18 showed symptoms of cardiac disease, and the average stay in the hospital was 35 days, from which one week may also be deducted. These figures seem to favor the plan of Dr. Fuller.

We commend an attentive perusal of this volume to our professional brethren.

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**HOW TO MAKE MONEY.**—Send to the American Publishing Company, Rutland, Vt., for their beautiful Specimen Book, and make ten dollars the first day you show the book. Read their advertisement in another column, concerning the Parlor Album, and you will get full particulars.

The Parlor Album contains more beautiful embellishments than any other work extant. The Specimen Book is sent free on receipt of postage.

## WINES FOR MEDICAL USE.

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It is a fact not generally known that in order to ensure a good wholesome wine, it is not necessary to pay an exorbitant price, and it is equally true that it is most difficult to obtain any wine without adulteration or admixture of spirits, either of which is prejudicial to its medicinal effect.

The establishment of Quetton St. George & Co. was opened in Toronto, in June, 1869, to meet this difficulty, and to supply wines which can be warranted absolutely pure, at prices approximating as near as possible to their cost at the place of growth.

The senior partner, Mr. St. George, a gentleman well known in Canada, where he has resided for many years, had been in the habit of importing for himself and for some of his friends the wine of his own vineyards of Leugaran, near Montpellier, in the South of France, and other light wines of Languedoc. Finding how highly these wines were appreciated and the desire that was shewn to obtain a larger supply, he determined upon going extensively into the business, for which his large family connection in the principal wine growing districts of France and Spain, and his intimate local knowledge of those countries and their products, gave him special facilities. He has made arrangements in a number of choice vineyards for the shipment of wines, which are sent to his firm in Toronto, thus saving heavy expenses on the other side, and ensuring their arrival without adulteration, and at extremely moderate prices, owing to the small cost of the wine at the vineyards and the saving of intermediate profits and charges.

Quetton St. George & Co. would especially call attention to the wines of Roussillon, which possess the tonic and astringent qualities of the Oporto wines, without the adulteration which has become so generally practised in that district, as to make "Port" the designation of a compound which is far removed from being the pure juice of the grape. The Roussillon ports range in price from one dollar per gallon upwards.

The Alicante also is very delicious in flavor and has been largely recommended by their medical friends.

They have also a great variety of Sherries, including some of the finest brands in Spain: and in addition to the foregoing and other descriptions of French and Spanish growth, they import German, Sicilian and Madeira wines.

Owing to the difficulty of procuring a genuine Brandy, which can be relied upon as being pure grape spirit, they have imported, especially for medical use, a white brandy of Languedoc, distilled from wines selected by Mr. St. George himself for the purpose, and which they can therefore recommend with confidence to the faculty.

For prices and full particulars, they refer to their printed circular, which will be sent free by post to any desired address.

**QUETTON ST. GEORGE & CO.,**

Wine Merchants, 34 King Street East,

Toronto.



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Original Communications.

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CHLORAL HYDRATE.

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BY D. L. WALMSLEY, M.D., ELMIRA.

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Much of late has been written about the good effects of Chloral Hydrate, and as a case bearing evidence of its good results came under my care lately I think its publication may prove of some value to the profession, and I trust any brother in perusing my statements of the case,

“In viewing with a critic’s eye,  
Will pass all imperfections by.”

I give the facts from memory.

Mary R—, West Montrose, Ont., a native of England, aged 27, subject to epileptic fits since a child of  $3\frac{1}{2}$  years of age with the exception of an interval of two years between ten and twelve, since which time the fits have increased in severity and frequency. At sixteen months of age she fell down stairs lighting on her head.

After the intermitting period she complained of pain in the head, and about six years ago the right side of her face became paralyzed; and three years later she lost all power of speech. The mother does not recollect of any of the relatives on either side being similarly affected, insane, or scrofulous. Fatuity began in this case about nine years since, and for the last five years she has been perfectly insane. Sometimes very wild, requiring a constant attendant.

The number of severe fits during 1870 was 141.

The catamenia commenced at the age of sixteen, always regular but scanty.

On the 30th of November 1870, I was called in to see her for the first time, the messenger stating that they thought she had broken an arm in falling while in a fit. On my arrival I found she really had broken the left arm at the junction of the middle with the lower third, both bones, the hand being bent back upon the arm at nearly right angles. I reduced the fracture and while putting it up according to the usual practice learned the previous history of the case from the mother.

I saw at a glance that my reputation as a surgeon was in danger, as during each fit the ends of the bones would be dislodged by muscular contraction; that if union took place I feared that ankylosis and deformity would be the result, and that no allowance would be made by the friends for the unusual difficulties of the case.

The mother told me she had tried everything she could get to control the fits and excitement, but to no purpose. I felt my position to be a critical one and resolved to try chloral hydrate; but an obstacle presented itself in the shape of heart disease; I determined, however, to try small doses and watch the effects. I left the patient for a short time, and on returning I found the girl had a fit during my absence, and on undoing the arm found the bones displaced. I again reduced the fracture and administered the chloral in 15 gr. doses every six hours, and on my return the next day, (Dec. 1st,) I found she had rested well and had no return of the fits since. Dec. 2nd, I visited her again and found her very quiet; had no fits since last I saw her. As she was so very quiet I ordered them to discontinue the chloral hydrate until some symptoms of fits or wildness came on; but on the slightest signs to administer the dose again. She went to sleep

and on waking had a slight fit before her mother had time to see any change in her appearance.

The remedy was again resorted to and followed by the former results. This was the 3rd day of the trial of the remedy and the mother was in ecstasies about the good effects of the medicine and the probable cure of her daughter, but the latter I could not warrant her and told her not to hope for too much. I now removed the splints and put the arm up in a starch bandage. I found the bones slightly displaced on removing the splints, and in putting it up I took the precaution of bandaging the arm from the ends of the fingers to midway between the elbow and shoulder, by so doing I expected in case of any more fits to partially overcome or counteract muscular contraction, I also placed straight splints on either side of the arm and secured them by dry bandages which I did not remove until the starch bandage was quite dry. At the end of six weeks all dressings were removed and the bones found to be securely united and allowing of the usual amount of pronation and supination. Notwithstanding the precaution of putting the arm up so securely, the ends of the bones became slightly displaced by muscular action during the spasms, and as a result there was more or less irregularity at the point of union; and also, some impeded action of the extensor muscles of the thumb, probably from adhesions.

During the most of the above time the patient took the chloral hydrate, and with the exception of comparatively light spasms, it controlled both the fits and the insanity, in fact she has not been wild since taking it. Seeing the good results up to this date (20th Jan., 1871,) I determined to push the remedy still further, and when given regularly it has had the effect of keeping down the fits and producing a partial return to reason and speech. The sister of the girl called at my office yesterday, (Feb. 20th,) with the empty bottle to be refilled, for, said she, "my sister is actually talking and reasoning with us, a thing she has not done for years before."

Dose night and morning 7 grs.

I have been induced to report this case as one bearing testimony to the efficiency of chloral hydrate, in nervous affections.

## REPORT OF CASES OF SPONTANEOUS AMPUTATION.

BY THOS. R. DUPUIS, M.D., ODESSA, ONT.

Such reports as these should be interesting, inasmuch as they show that occurrences so rare are occasionally taking place amongst us, and also refresh our memories with the fact that unaided nature sometimes effects the most marvellous cures. Two cases have come under my notice inside of the last seven years, which I shall briefly describe.

Case I. A woman, aged about 62 years, married, and the mother of a large family; had worked hard; eaten plenty of coarse food, and had been generally healthy, was attacked in the spring of 1864 with chronic gangrene, commencing in one of the small toes.

She had been attended by another physician for about a month, when I first saw her. I found all the smaller toes of the affected foot, hard, shrivelled, and black; the great toe and foot, up to a line drawn from the heel over the instep, and passing around just beneath the malleoli, dead, partially denuded of cuticle, still moist, but becoming dry and hard, and emitting a very offensive odor.

The low inflammatory process that heralded the mortification, was extending slowly and steadily upwards, and accompanied by the most excruciating pain. Restorative treatment with a free administration of opiates, poultices of various kinds, water dressing, stimulating and sedative applications were severally resorted to, without arresting the advance of the disease until it extended to about the middle of the leg.

Here the line of demarcation formed, and the work of separation began, when the pain almost entirely subsided and the patients general health began to improve.

This was about eight weeks from the time I first saw her. All entreaties and persuasions of friends were in vain to procure an amputation; she looked for nothing but death, and intended to die by the disease. But instead of dying her general health improved slowly; the dead flesh completely separated from the living, and fell from the bones, leaving them bare and black from the line of separation to the ankle-joint; and the foot became dry and hard. The stump, or the tissue that formed the stump

afterwards, had healed down to the bones, and these were being cut off as fast as possible by nature's process, when my patient in a paroxysm of hysterical convulsions suddenly completed the separation by breaking off both bones close up to the line of separation. From this time recovery was rapid; a few weeks after some fragments of dead bone were thrown off, and the stump was soon completely healed over. All this occupied five months from the time I first saw her (about six from the beginning of the malady) and left her a healthy woman, minus her leg, which was removed about midway between the knee and ankle.

She lived comfortably for about two years after this occurrence: and then succumbed to dropsy from disease of the heart.

Case II. A fetus *in utero*. The mother who was a healthy woman, whom I had attended about two years previously in the delivery of a healthy child, was again seized with labour pains. There was a head presentation in the first position, the labour was wholly natural, completed in about six hours from the commencement, and the result was a fine boy, perfect in all respects excepting one leg. This had been amputated below the knee at the junction of the upper with the middle third, and the stump so completely healed over that it presented an appearance more like the extremity of the heel than an amputated stump; scarcely a cicatrix being visible. This was her third child, and the only one deformed, of the five which she has had up to the present time.

Nothing abnormal connected with the cord or placenta could be discovered; no injury, sickness, grief, or fright to the mother could be assigned as a probable cause for the accident.

It may have been the result of "being wound by the cord," or of being encircled by a "band of organized lymph," or a "prolongation from the egg membrane," which became twisted into a ligature about it, as held by different authors. Certainly it was done at an early stage of intra-uterine existence, and by some cause that did not interfere in any way with general development.

These two cases, although entirely different in circumstances, may still be classed under one general head, as having produced

a like result on the individual concerned, and as having been effected by the same proximate cause — the conservative power of life.

Should this brief notice interest any of my professional brethren, I shall be amply repaid for making it public in the columns of the "*Lancet*."

Odessa, April 1, 1871.

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## MEDICAL SOCIETY FOR MUTUAL IMPROVEMENT.

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ST. CATHARINES, Tuesday, Feb. 28th, 1871.

The chairman, Dr. T. Mack, after alluding to the prevalence of a fatal type of scarlet fever at Hamilton, recommended a consideration of the nature and treatment of this formidable disease to the society. It seemed to be eminently a zymotic disease and some strange facts as to the length of time infection may be communicated have fallen under the notice of many medical men. Milk has been suggested as a vehicle for the propagation of infection from its well known property of absorbing the vapours surrounding the spot it is kept in. Decomposing blood and offal, the refuse of slaughter houses, frequently lead to its production and a severe form of scarlet fever especially effects butchers and slaughtermen, according to Dr. Carpenter, of England. Dr. Mack had known a singular case where a clergyman having died of the disease and his furniture having been sold, a lady who, during her confinement lay upon the same bed, more than a year after, on which he had died, contracted the disease, and died at a time when scarlet fever was not prevalent, and the disease, strange to say, was not contracted by any one else. This, if a coincidence is a remarkable one. The great fatality of this disease rendered it especially important in epidemiology. In 1863 and 1864 it destroyed in England alone, more than 60,000, and although it is sometimes very mild, yet the deaths are put at one in twelve cases of all types.

The congestive form of the disease is extremely formidable; the following is a fair sample: A negro lad, aged 17, complained of prostration, difficulty of breathing, anxiety, restlessness and the usual group of grave symptoms attending a severe form of

congestive fever, the throat and fauces were of a livid red colour, tongue red with elevated papillæ, skin very hot and dry at first, soon became cold and shrunken. All treatment proved unavailing and he expired about eighteen hours after the accession of the disease. An epidemic of scarlet fever was prevalent in the neighborhood. Upon *post mortem* examination the capillaries of the entire mucous membrane wherever exposed were found intensely injected with dark blood, the venous system generally was distended with very fluid blood, and all the parenchymatous organs were filled with dark blood resembling the state of the large abdominal veins.

The rules for guidance in warding off the disease, re-published in the "*Canada Lancet*," were admirable and in the event of an invasion of the epidemic here, should be slightly altered to suit the locality, and published in handbill-form at the expense of the town council for general distribution.

The chairman finally suggested that at the next meeting of the society some of the members should communicate such a system of treatment as their own experience had led them to adopt, and which they could recommend to their *confrères*.

Dr. Sullivan asked if any satisfactory theory had ever been offered explanatory of the remarkable election of the mucous membrane of the fauces and the tonsils as the seat of inflammation pathognomonic of this disease.

Dr. Goodman said that the mucous membrane lining the digestive tract was involved prior to the invasion of the skin, and to quite as great an extent, and that as the disease was ushered in almost invariably with vomiting, and sometimes with diarrhœa, he did not approve of the administration of purgatives after the development of the symptoms.

He had been in the habit, however, for several years past of giving a mercurial and saline purge to those who had been exposed to contagion, but in whom the disease had not yet manifested itself, and, in all cases so treated, when the malady supervened it assumed a type milder than that of the prevailing epidemic, and the patient invariably did well.

The Dr. treated the disease in the earlier stages in the following manner:—He administered a mixture containing liq. ammon acetatis; sp. etheris. nit., and chlorate of potash, and had the body of the patient thoroughly anointed with sweet oil, or

what is perhaps better a rind of *bacon*. Apropos of the *bacon*—the Dr. said that he had been informed by a gentleman from Virginia, that it had been the custom for generations back to anoint the children of whites and blacks, when afflicted with *scarlatina*, with fat *bacon*, and that the rate of mortality from the disease was very low in the cases of those thus anointed. The Dr. highly approved of sponging the body with tepid whiskey and water, when the temperature of the surface was high and the skin dry; as it seemed to reduce the pulse, abate the fever, relieve the distressing irritability and restlessness, and, not infrequently induce sleep.

If the eruption did not appear satisfactorily, the Dr. favored the hot air bath, or the hot vapour bath, and the administration of stimulants. As an application to the ulcerated fauces, he spoke highly of the benefit he had observed to follow the frequent application of a strong solution of permanganate of potash, one dram to one oz. of water; it not only removed the fœtor and diminished the danger of *septicæmia*, but induced a healthy action and tendency to cicatrization in the ulcers themselves. He recommended the solution of permanganate of potash as an admirable application in nursing sore mouth, and, indeed, in all forms of ulcerative *stomatitis*. He combated the extreme restlessness and *insomnia*, which sometimes accompanied the affection, by the administration of *pulv. ipecac. co.*, whenever the tepid spongings failed in procuring sleep; but, in any future case, should be inclined to give the preference to the *hydrate* of *chloral* as less objectionable in view of uræmic complications. In practice, however, he had observed no ill effects to follow the administration of *Dovers powder*; on the contrary, a marked change for the better had often followed its exhibition. As soon as a tonic was indicated the Dr. was in the habit of giving decoction of *cinchona flava*, containing 5 grs. of chlorate of potash to each dose; finding that bark agreed better with the stomach than quinine, and that it does not produce the headache, which occasionally results from the administration of the latter drug. In conclusion, the Dr. stated that in his opinion the sulpho-carbolates of soda, potash, or magnesia, would be found to exert a beneficial influence in the treatment of all the forms of *scarlatina*.



Tuesday, March 14th, 1871.

Dr. Sullivan said that scarlet fever, like the rest of the exanthemata running a definite course and usually of an epidemic character, is therefore neither curable, nor can any regular form of treatment be followed, as so much depends upon the constitution of the individual, the character of the epidemic, and the complications which exist. I would suggest, that instead of following a routine of treatment or the puzzling subdivision of nosologists, that every case, no matter how simple, should be carefully watched and the tendency to this or that form of death obviated. If the epidemic was of an inflammatory type, with high fever, furred tongue, with scanty and deep red urine, he would give an emetic even if vomiting had taken place, then a purgative of calomel, rhubarb, and soda bicarb. His reason for giving calomel is that it has been recommended as a prophylactic, by several german authorities, the rhubarb as most suitable to the state of stomach, and the soda to correct the acid and scanty condition of the urine. He would also give a diaphoretic mixture, with warm or vapour baths, tepid spongings, a well ventilated and warm room; if in winter, a pot of warm water placed on the stove will give the necessary humidity to the air, the application of a flannel pad wrung out of hot water to the throat, followed by a linament of camphorated oil and turpentine. He would prefer the hydrochloric or nitric acids mixed as Dr. West recommended, with honey. Ice, as recommended by Dr. Jackson, and finally greasing the skin with fat of bacon, as recommended by Schneimann, of Hanover. In the typhoid or malignant form, he would give the treatment for typhoid fever, a gentle laxative and an early resort to stimulants and tonics, usually pot. chlor., in infusion of cinchona, or Dr. Watson's prescription of pot. chlor. in hydrochloric acid, with a view to supporting the restorative powers of nature, and by its arterializing power, arresting the low form of ulceration; or the chlorate may be combined with carbonate of ammonia. As a stimulant, port wine or brandy, broths or beef tea, and no milk, unless an infant at the breast. To produce active diaphoreses he would advise the application of hot bottles, as recommended by Dr. Andrew Wood, also the muriate of ammonia, as recommended by Dr. Witt, as a specific, which he states acts by retarding the coagulability of the blood and nitrate of potash, in full doses in mucilage. In the hæma-

turia following he would try the benzoic acid, after active purgation with croton oil and an early use of the tinct. ferri. mur.

Dr. Comfort bore favourable testimony to cold sponging when the eruption was fully established and febrile heat was severe. In an epidemic he had seen benefit from small doses of nitrate of potash, which kept the kidneys active. In the congestive forms he bore favourable testimony to the free use of stimulants and the hot air bath.

Dr. Mack described his programme of treatment to be, according to the nature of the case; free use of sulpho-carbolate of soda internally; local applications by mop, gargle, or atomization of the sulpho-carbolate of zinc, with the application of powdered ice in a net bag, dipped in weak carbolic lotion for short periods, at intervals, to the tonsils. Lactate of iron dissolved and mixed with whey, so that a quantity of iron proportioned to the age should be taken in the course of the day, in small quantity, largely diluted and at short intervals. Inunction of fat by means of the rind of pork as at first recommended. In recommending these remedial expedients, Dr. Mack purposely left the indications for their employment to the judgment of the practitioner, and fully recognised the possibility of verifying the great Sydenham's allegation, that scarlatina is simply fatal "only through the officiousness of the doctor." An abundant supply of fresh air was of the greatest importance, tepid affusion, or in some instances when arterial action and heat of skin ran high, cold affusion or immersion for one minute in a cold bath followed by being wrapped in warm bedclothes, or when internal inflammations were threatened, wrapping the patient in a blanket coming out of warm water, encasing him in warm dry blankets and covering with oil cloth or india-rubber, so as to excite the sudatory glands to resume their suppressed functions.

During desquamation quinine is frequently required, acetum colchici is useful in uræmia and nitrate of urea has proved a valuable remedy in combating the dropsical sequelæ.

Dr. Goodman reported the following remarkable case of chorea.

Rhoda O—, was admitted into the St. Catharines General and Marine Hospital, on the 4th of March, 1871, she is a slender delicate looking girl, about nine years of age, and was suffering at the time of her admission from a very violent attack of chorea,

with which her friends stated she had been afflicted for upwards of seven months. She was brought from the township of Pelham in the county of Monck.

The patient seemed to have lost all control over the muscles, she could not walk without the assistance of two persons, one on either side, she could not sit in a chair without being tied in it, and could not speak a word. The expression of the patients face was not unpleasing or unintelligent, and there was no indication of cerebro-spinal disease. From the dilatation of the pupil, the red and glazed look of the tongue, the capricious appetite, and the hard and tympanitic condition of the abdomen, he inferred that the irregular and involuntary muscular contractions were due to nervous reflex action, and that the cause of excitation, was eccentric and probably due to the presence of worms in the intestines.

In pursuance of this theory he administered at bed time Hyd. submur. gr. iij, santonine, gr. v., and gave ol ricini and spts. of terebinth, on the following morning. The effect was very satisfactory, the little patient passing a great number of lumbrici, to the manifest relief of the symptoms. In consultation with his colleague, Dr. L. Mack, who concurred in his diagnosis and treatment, it was determined to repeat the anthelmintic. This was done and resulted in the expulsion of a great number of worms, and in the production of great amelioration of the disease. The little patient can sit alone in the chair, without any kind of restraint, can speak and walk without assistance, her appetite has much improved, and she can feed herself. The anæmia, the diseased condition of the mucous membrane lining the digestive tract and the irritable state of the nervous system, are being combated by iron, chlorate of potash, and bromide of potassium. At the same time an effort is being made to equalize the circulation and reduce calmness and tonicity of the nerves by means of the shower-bath, followed by friction over the surface of the body. The diet given is light and nutritious, but no milk is allowed as the Dr. has observed that entozoa very commonly infest the intestines of persons in whom milk forms the principle article of diet. In this way perhaps we may account for the circumstances, that the children of the poor in the rural districts are more troubled with worms, than the offspring of those in better circumstance, or who reside in cities or towns, as milk

and salt pork bear a greater relative proportion to the whole amount of food used in the former case than in the latter. He hoped at the next meeting of the society to report the little patient as being quite recovered from her distressing malady. His object in alluding to the case is to direct attention to the presence of worms in the intestines as being a not unfrequent cause of the reflex nervous action, which manifests itself in the irregular and involuntary muscular movements which characterize chorea.

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### SHOULDER PRESENTATION.

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BY GEORGE WRIGHT, A. M., M. B., TORONTO.

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The following somewhat unusual case, from its still more unusual issue, may not be without some degree of interest to the readers of the "*Lancet*," and I am therefore induced to communicate it.

I was called on the morning of March 9th, 1870, to attend Mrs. C——, of this city, whom her husband represented as being "in labor and severely ill." On arriving at the house I discovered that the patient had been in labor during most of the night, and that a midwife was in attendance, who informed me the presentation was irregular. I made an examination at once and found the left shoulder presenting and the arm projecting the entire length, and very much swollen. The head was to the right side of the pelvis and looking towards the back of the mother. The pains were frequent and very vigorous, and as the patient had been suffering in this way for at least six hours, I deemed it expedient to fortify myself in case of rupture with additional counsel, and a messenger was immediately dispatched for another physician. During the interval of delay, I determined to try whether or not anything could be done by manipulation to change the relation of the child, and thus secure a speedier termination of the case. Seizing the projecting arm at the shoulder during an interval between the pains, I made strong pressure upwards with the effect of causing the head and arm to recede considerably. When in the act of making a second effort, a

strong pain ensued and the breech was delivered. Another pain completed the expulsion of the child, which was dead and had been for some hours. The remainder of the labor terminated without the occurrence of anything unusual and the patient made an excellent recovery, not a solitary unfavorable symptom presenting. This was her seventh confinement, but in none of the rest had there been any irregularity. Indeed, she had never before, but once, called in the services of a physician.

This was a case which I am disposed to think, might have terminated in spontaneous evolution had no assistance been rendered. All the circumstances were favorable to such an issue. The pelvis was large and well formed, the child was dead, and, although arrived at full term, was unusually small, and the pains were vigorous from the time when labor had fully commenced. If so happy a termination of cross-presentations were of more frequent occurrence, the *accoucheur* would be relieved from many an hour of anxious care and feel more encouragement in the arduous and responsible duties of his calling.

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[To the Editor of the Canada Lancet.]

SIR,—Without risking the employment of overstrained metaphor, at the expense of truth, it may safely be averred, that the individual who aspires to surgical distinction has often a hard (even a macadamized road) to travel. It behooves him, therefore, before entering on his arduous progress to furnish himself with a proper pilgrims "staff," lest each step, instead of being a "*gradus ad parnassum*" may prove a "*facilis descensus, &c.*" Candour and truthfulness might also form useful additions to his "kit," before starting on his precarious journey.

These desultory remarks have been suggested by the perusal of an article in the "*Canada Lancet*," from the pen of the "Professor of Surgery, Victoria College," "on a case of stone in the bladder."

The particulars of the case, with the fatal result that followed the operation are too well known to require any remarks commensurate with the laboured report of the case referred to. But, inasmuch as graphic illustration sometimes supplies the place of elaborate commentary, permit me to trespass on your

good nature by asking you to place upon record the following which occurred some forty years ago when I was a student of Sir William Ferguson, in Edinburgh. At the end of one of his lectures it was announced to the class that Liston was to operate for stone, there was, as usual, a great rush for seats in the front row of the operating theatre. Among the fortunate occupants were myself, and a thorough going milesian fresh from the Emerald isle, who sat beside me, and after watching with intense eagerness each step of the operation, until Liston had extracted the stone (about the size of a pigeon's egg) and exhibited it to the students. "*By japers!*" he exclaimed, "*How the devil could the man have swallowed that stone?*" This was a poser—but had my Hibernian fellow-student been present when the Prof. of Surgery, Victoria College declared that "*the stone (the size of a billiard ball) occupied the prostatic portion of the urethra,*" he might, with fully as much reason have asked "*how it got there?*" and paused, as I do, with bated breath, for a satisfactory reply.

Yours, &c.,

• OMICRON.

TORONTO, April 14th, 1871.

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(To the Editor of the Canada Lancet.)

SIR;—I beg leave to present the following report of a peculiar case of Eclampsia of the mother and suspended animation of the child, for publication in the *Lancet*. At the present time when there are so many different kinds of treatment for the same disease, it is almost impossible to be very far astray no matter what treatment one may choose to adopt.

My object in reporting the present case is not to advance anything new in treatment; but merely to state the facts which occurred, and the treatment adopted in a case of Eclampsia lately under my care.

I was called to see Mrs. B——, aged 26, robust, had always been healthy; mother of two children. She had been in convulsions for several hours previous to my arrival; the face was flushed and congested; the pulse full and quick; pains very weak; os rigid and unyielding. I tried venesection, removing

about 20 ounces of blood, which was very dark colored and flowed with considerable difficulty. This produced no decided effect in relieving the spasms. I then shaved the head and applied iced water, hot bottles to the extremities and mustard poultices to the feet and legs, but as no improvement followed I put the patient under the influence of chloroform and continued its use for some time, all to no purpose. The pains were scarcely perceptible, and the "os" still rigid and undilated.

I had been taught never to interfere with natural labor; but finding the ordinary treatment of no avail, I decided to deliver the patient as soon as possible. I introduced the finger into the "os" and assisted in dilating until I was enabled to introduce my hand to seize hold of the feet, which I brought down, and delivered the patient, with as much rapidity as was consistent with safety.

The child showed no signs of life and was placed aside for the time being and the secundines removed. In about ten minutes I heard a noise, and judge of my astonishment when I found that it proceeded from the child. Attention was now given to the infant which was at once handed to the nurse for proper care and treatment.

The convulsions ceased immediately after delivery, but the patient remained unconscious until the following morning. A blister was applied to the nape of the neck which had the effect of restoring consciousness and she made a rapid recovery. I feel certain that if I had not adopted the course pursued in this instance the woman would have died.

Yours, &c.,

SUBSCRIBER.

Roseneath, July 16, 1871.

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(To the Editor of the Lancet.)

DEAR SIR,—I beg leave to offer a few remarks on the supposed therapeutic action of iron.

This is a remedy which is used by all classes of the medical profession most extensively in a variety of forms. Is it of any use as a medicine? I think not. The best Physiologists

of the age, have found by experiments, that in all cases iron is excreted in the fæces, which shows that more than the necessary amount is taken up from ordinary food. Some of the best specimens of the genus *homo* in the world are Scotchmen, who work in ditches up to their knees in mud, and live on oatmeal and water which they carry with them. This is very simple food and yet they get all the iron they require from it.

I dare say there are some medical men, who would say I was mad if I were to attempt such an argument with them. Twenty years ago a man would have been looked upon as <sup>a</sup>insane if he had told the doctors that mercury did not act specifically upon the liver. I often think of the saying of a celebrated old "Doctor," that "we have no cholagogues or emmenagogues." In ordinary cases of amenorrhœa the anæmia is the effect of a deranged stomach and not of the absence of iron in the blood, and when doctors administer iron in such cases without attending to the digestion, they mistake the effect for the cause. I do not believe we have any tonics as far as drugs are concerned. Iron I believe always has a tendency to derange a weak stomach. Strychnia I believe acts as a stimulant to the nervous system. Quinine only does good in cases connected with malaria. It is said to have been found by Headland in the blood of rabbits; a very far fetched and incredible theory. Quassia, Gentian, and Calumbo, with strict hygienic measures, I believe to be the best. Good doctors often treat anæmia with iron, but they never forget to order the patient (if possible) a change of air in a healthy locality, suitable exercise, rest from work, good food, thorough ventilation, and perfect cleanliness. The patients recover not from the iron that is given, but from the effect of the hygienic measures and thus nature does more than the doctor. I believe (according to a rough estimation) there are eight or ten grains of iron in the blood of an ordinary sized man and I do not believe there is any more use in the artificial administration of iron than there is in the artificial administration of any other proximate principle (or part of one.) Nature furnishes all of them. Iron (in one particular form) is beneficial in erysipelas, but I believe the good effect depends more upon the hydrochloric acid than upon the iron.

This letter was not originally intended for publication, but it is at your disposal, if you deem it worthy of a place in the columns of the "*Lancet*."

G. A. WILLIAMS, M.D.

Chatham, March 19th 1871.



(To the Editor of the Canada Lancet.)

SIR,—I would beg, through your journal, to call the attention of the Medical Council and the profession generally, to the conduct of our present Registrar, Dr. Strange.

It seems impossible in any way to get him to attend to the duties required of one holding his position.

In November last, the profession of this county were about to form a Medical Society, and for their instruction required a copy of the "Medical Register." Accordingly one of the medical gentlemen here wrote to Dr. Strange, enclosing fifty cents, and requesting him to forward immediately, for the use of the Society, a copy of said "Register." But no answer came to our application, and it was only after repeated urging, that, within the last two weeks, the "Register" was forwarded.

About the same month last year, two convictions were obtained against a quack, practising in this neighborhood, and, in accordance with the *wise* provisions of the present Medical Act, the Council's attorney for this county applied to Dr. Strange for instructions to proceed, by civil action, for the recovery of the fines and costs; but although the application was made upwards of three months ago, no instructions have yet arrived, and the quack continues to flourish, while we have to pay the costs of the convictions, and Dr. Strange sits idly neglecting his duties, and pocketing his salary for disgusting the profession, with Medical Council, Medical Act, and all matters connected therewith.

I am, Sir,

Your obedient servant,

A. C. POUSSETTE, M.D.,

President Lambton M. and S. Society.

Sarnia, April 17th, 1871.

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NOTICE.—The firm of William Baldwin & Co., of New York, Advertising Agents and Publishers of the "American Chemist" and the "American Journal of Obstetrics," have removed to new and more centrally located offices in that city. Their address now is "21 Park Row, opposite the Astor House, New York city." The subscription price of the "Journal of Obstetrics and Diseases of Women and Children" is advanced to \$5 U. S. currency per annum.

# The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

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*For Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

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TORONTO, MAY 1, 1871.

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## THE CONTEMPLATED MEDICAL ACT.

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We have received a copy of the above Act which was submitted to the Canada Medical Association at its late session in Ottawa, and we find on the last page certain *amendments* adopted by the Association, but as the Act is distributed in its original shape we must suppose there is still a desire to secure its adoption in that form.

For modesty, it is one of the most remarkable documents we have read in a long time.

We know it used to be said that the codfish of the gulf were counted against Upper Canadians in the discussions on Rep. by Pop,—but we did not expect to have that absurdity perpetuated in the constitution of a new Medical Council. We have, in Ontario, a Medical Act, with which we have every reason to be satisfied. It is fast bringing the profession up to that high standard of intelligence and respectability, to which it has long aspired. It has already done a great deal towards eliminating or shutting out from our ranks, a vast horde of illiterate or incompetent persons, who every year reinforced the ranks of quackery and charlatanism. It has materially lessened the numbers entering the regular profession, and now at the close of the second annual examination held by the College of Physicians and Surgeons, we find that *not one* single candidate has entered for examination or registration as an homœopath or eclectic.

In view of these *facts* therefore, it behoves us to guard carefully and support manfully, until it has been sufficiently tried, a measure which is working with so much apparent satisfaction,

and we do not believe the profession of Ontario is prepared to sacrifice a Bill, doing so much good, for a Dominion Act which would inflict so much injustice on our western profession and institutions as the "Contemplated Bill."

While our Ontario Act is *falsely* accused of amalgamating the sects and causing a forced association with them, it *most unmistakably* controls the character and education of the men admitted into the profession, and keeps up a broad distinction between the regular members and the irregular.

But this new Bill which is to remove all the evils and stains of an imaginary association with homœopaths and eclectics, produces at one stroke, the most complete amalgamation and miscegenation, it is possible to conceive, for does not clause 2 say that "every member of the profession now holding a license to practice medicine, surgery and midwifery in any of the Provinces of the Dominion of Canada shall be and is hereby made a member of the College of Physicians and Surgeons of the Dominion of Canada"? And does not the "Contemplated Bill" *do away* with *all* distinctions of creed or sect, and thus make all, members of the regular profession?

Now it must be observed that, as many homœopaths and eclectics are licensed practitioners, they must be admitted to registration equally with members of the regular profession, thus securing a more close identification and association, by far, than our Ontario Bill does.

But the extreme modesty of the measure appears to culminate in the fourth clause, where the composition of the general Council is spoken of. There we find the old sentiment of the superiority of the east as strongly asserted as it ever was in the arena of politics, and the machinery for giving tangible expression to the idea, more unblushingly set before the profession for adoption.

We confess ourselves utterly unable to understand by what process the conclusion was arrived at, that the whole four Institutions in Quebec and the two in New Brunswick, (to which representation in the general Council has been accorded), were entitled to one representative *each*, while only one College either in Ontario or Nova Scotia was considered worthy the same honor, all the others being coupled together in pairs, and only allowed to send one representative from each pair.

Certainly we did think the standing of Queen's College, Kingston, or the University of Toronto, would have entitled them to as much consideration, as Bishops' College, Lennoxville, or Fredericton College, N.B., and we can't see why the University of Trinity College, Toronto, and the Toronto School of Medicine should not have a voice in the new Council equal to that accorded the Montreal School of Medicine or Victoria College, nor can we understand why the Royal College of Surgeons, Kingston, and Dalhousie College, Nova Scotia, should have been placed in a position *inferior* to the University of New Brunswick or McGill College.

Further, we think the proportion of representation accorded to the profession is too small as compared with the Schools, and we also think Ontario with its fifteen hundred practitioners will hardly be content with *four* members of Council, or any other number not based proportionately on the numbers to be represented. Although it is true, that certain friends of equality, at the late meeting of the Canada Medical Association, did succeed in carrying an amendment more in conformity with the principles of justice and common sense, yet we submit that the representation of the general profession should not be contingent upon the establishment of new schools from time to time, thus continually disturbing the number and boundaries of the electoral divisions, and preventing the adoption of any fixed principle in the arrangements for the general elections. It were far better to give the general profession a moderately full representation at the start, and then allow the Council to expand or contract from time to time, by the addition of representatives from new Schools, or the withdrawal of those from old ones, as they may cease to exercise medical functions.

The distribution of the "Contemplated Bill" with all its original injustice, even after its condemnation by the Medical Association, appears to indicate a lingering hope that it may yet secure final adoption, in that form; otherwise, we think its promoters would have incorporated in the original text, the amendments (as far as they go) which were adopted by the Association at Ottawa.

In view of these circumstances, we think the friends of our Ontario profession and Institutions, should watch with jealous care, the further progress of this singular measure, and be prepared to render a good account of themselves and their professional fealty at the next meeting of the Canada Medical Association, in the city of Quebec.

## CANADIANS IN ENGLAND.

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In the January number of the "*Lancet*," we noticed the name of Arthur Jukes Johnson, M.B., Toronto University, among those who were successful in obtaining the diploma of the Royal College of Surgeons, Eng. The numerous friends of that gentleman will also be glad to learn that he shortly afterwards obtained the appointment of House Surgeon to St. Thomas' Hospital, in which position he will be able to acquire a very extensive and thoroughly practical knowledge of that branch of his profession.

It always gives us pleasure to record the honors awarded to Canadians in the Mother Country, but especially when we know that, personally, the recipients are in every respect worthy of them.

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## COURTESIES OF THE PRESS.

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We received a communication last month from Mr. W. Geo. Beers, Editor of the "*Canada Dental Journal*," Montreal, requesting us to publish a reply to an article that appeared in the "*Canada Medical Journal*," from the pen of Mr. Bowker, Dentist, of Montreal. We were obliged, most respectfully, to decline to publish the article in question, in consequence of the pressure of other original matter upon our pages, that had lain over since March; and besides, as the article by Mr. Bowker did not appear in our pages, the reply would not be interesting to our readers. But we feel bound to say that we are astonished at the want of courtesy shown towards Mr. Beers, by the Editors, in refusing to allow his article to appear, in reply to an attack made upon him by Mr. Bowker, through the pages of the "*Canada Medical Journal*."

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## BISHOP'S COLLEGE MEDICAL SCHOOL, MONTREAL.

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In another page will be found the announcement of the first session of the Medical Faculty of this institution. The following gentlemen, in addition to those mentioned in the April number of the "*Lancet*," have accepted appointments in the new School:

—Robert Godfrey, M.D., Diseases of Women and Children; J. Baker Edwards, Ph.D., A.M., Chemistry—Theoretical and Practical; John Kennedy, M.D., Anatomy; William Gardner, M.D., Medical Jurisprudence, and J. L. Leprohon, M.D., State Medicine.

This new School opens on the 2nd of October, with a large and well appointed staff of professors, and we cordially wish them all success in their new undertaking.

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### PROFESSIONAL ETIQUETTE.

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Just before going to press we received a communication from Dr. Hodge, of Orono, complaining of a gross breach of etiquette on the part of a fellow-practitioner in his neighborhood.

The facts of the case as related by Dr. Hodge, are as follows: He was attending a case of acute rheumatism which he was treating on the *alkaline* plan with opiates to relieve pain, and the patient was doing very well. His fellow-practitioner, whose name he mentions, was called to see a patient one-and-a-half miles distant from the former patient, and meeting a relative there, he told him that his friend must have been badly treated or he would have been better by this time, and offered to send some medicine, stating that he could "have him as well as ever in a few days." He also said that he would visit his own patient about noon the next day and that if it was requested he would visit Dr. Hodge's also. No message was left however, and the gentleman was foiled in his efforts to secure the case.

This, if true, is a most glaring breach of professional etiquette, and deserves the severest condemnation; and we feel it our bounden duty to expose such abuses, wherever and whenever they are shown to exist. It must be borne in mind, however, that, in many such cases, there is a good deal of exaggeration and hearsay evidence, which it is not always safe to accept without the closest investigation. We trust, for the honor of the profession in this country, that there are few such cases to be recorded.

COLLEGE OF PHYSICIANS AND SURGEONS, ONTARIO.

MATRICULATION EXAMINATION, APRIL, 1871.

A. WICKSON, M.A., LL.D., Examiner, Toronto.

S. WOOD, M.A., " Kingston.

The following candidates successfully passed the Matriculation Examination of this College:—

TORONTO.—Archibald J. Sinclair, J. T. Moore, Archibald Leitch, Lorenzo D. Haley, Colin McLarty, Edward W. Murphy, John H. Bennett, James M. Kennedy, Allan F. Pringle, Charles McGeorge, John P. Sivewright, Samuel K. Falls, J. M. Mackie, Sydney S. Murray, George M. McDonald, Emily H. Stowe, Jenny K. Trout.

KINGSTON.—A. M. Gibson, W. Meinaker, E. C. Saunders, G. C. Dowsley, D. H. Dowsley, R. F. Preston, N. A. Powell.

PROFESSIONAL EXAMINATION.

The Professional Examinations, *primary* and *final*, were held in the Convocation Hall, Toronto University, commencing on Tuesday, the 4th of April, and ending on Monday, the 12th. There were 32 candidates for the primary examination. *Two* were rejected in all the branches, *ten* passed a partial examination, and 20 passed the full examination.

51 candidates presented themselves for the final examination, 47 of whom were successful, and are entitled to registration as members of the College. We give their names below:—

FINAL.—R. A. Alexander, Stoney Creek; Evan Allan, Stratford; Charles Archibald, Yorkville; William S. Black, Barrie; William John Brereton, Bradford; Miles Brown, Winchester; George Buchanan, Rodgerville; Edward L. Cash, Markham; John J. Clement, Streetsville; Henry J. Cole, Brantford; Geo. Hoyle Cowan, Princeton; Robert H. De la Mater, Font Hill; George W. Falkner, Belleville; William Forrest, Mount Albert; John Frazer, Strabane; William H. Graham, Gilford; Abraham Groves, Fergus; Alexander Hamilton, Onondaga; John M. Hart, Wilfred; A. A. Henderson, Ottawa; Nathaniel P. Henning, Tyrrell; William Higginbotham, Bridgewater; Samuel Hudson, Roslin; Charles E. Jakeway, Holland Landing; Thomas G. Johnston, Sarnia; James Lafferty, Perth; William Lang, Keene;

Robert Lawrence, Honeywood; Charles Frederick A. Locke, Barrie; James P. Lovekin, Newcastle; Daniel S. Maccoll, Eagle; John H. Mathieson, Embro; Findlay McEwen, Toronto; Andrew McKay, Woodstock; Angus McKinnon, Ospringe; Charles Y. Moore, Derry West; Henry Moorehouse, Shetland; James Parker, Frankville; John H. Parsons, Yorkville; Charles J. Rattray, Cornwall; Samuel R. Richardson, Highland Creek; James A. Robertson, Shakespeare; Robert A. Stevenson, Cayuga; Alexander Taylor, Whitby; Adam Vrooman, Vroomanton; Samuel M. Wells, Laskay; Henry P. Wright, Toronto.

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*Questions for Primary Examination.*

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ANATOMY—DR. SULLIVAN.

1. How would you expose the fornix cerebri? Describe it.
2. Trace the third division of the fifth nerve from its origin. Give branches, and sum up the parts supplied.
3. Name in order the parts exposed on removing the trapezius muscle.
4. How are the portal and internal jugular veins formed? Give their course and relations to their termination.
5. Describe the iris, membrana tympani, and velum interpositum.
6. Describe the duodenum, its relations and the vessels and nerves which supply it.
7. Expose the plantar arch.

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PHYSIOLOGY—DR. COVERNTON.

1. What are the conditions for the perception of taste? What nerves exercise the special sense? Describe their origin and distribution, and give a brief account of supposed mechanism.
2. Describe the auditory apparatus, origin and distribution of terminal filaments of auditory nerve; also functions of external and middle ear and labyrinth.
3. Give the origin, distribution, function and inter-relations of great sympathetic with cerebro-spinal nerves.
4. What are the functions of the medulla oblongata and meso-cephalon as nervous centres?
5. Arrange the cerebral nerves according to their several functions, viz., nerves of special sense, common sensation, motion and mixed nerves.



6. Relate the peculiarities of the fetal circulation.

7. Where are the Wolffian bodies situated, and what is their function ?

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MATERIA MEDICA—DR. TUCK.

1. Name the chief medicinal agents classed as diuretics. State the purposes for which they are employed, and write a prescription in full that will have a direct diuretic action.

2. Give the medicinal properties, uses, doses, and modes of administration of iodine, belladonna and aconite.

3. Name the pharmaceutical compounds of lead, their uses and doses, poisonous effects, and antidotal treatment.

4. Distinguish between narcotics and hypnotics, anæsthetics and anodynes, with examples of each and their peculiar physiological effects.

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THEORETICAL CHEMISTRY—DR. SANGSTER.

1. State clearly the course of the electric current in a galvanic battery, and which is the positive and which the negative electrode.

2. Describe the thermometric scales, and state how readings in one may be reduced to equivalent readings in the other.

3. Describe the nature, sources, properties and uses of ozone, also mode of detecting its presence and amount.

4. Distinguish between colloids and crystalloids, giving examples.

5. Give general rule for calculating specific gravity of gases of known composition.

6. Give a brief synopsis of the chemistry of iron and its compounds.

7. Distinguish between monads, diads, triads, &c., giving examples.

8. State the differences between rectified spirits, proof spirits, and absolute alcohol, stating how the last may be obtained, give the name and composition of a few of the monatomic alcohols of the series  $C_n H_{2n} + 2 O$ , and of the monobasic acids derived therefrom.

9. How many grains of sodium potassium carbonate, crystallized with  $6 H_2 O$ , are required to saturate 250 grs. of citric acid ?

## TOXICOLOGY—DR. SWEETLAND.

1. What is a poison?
2. What are the symptoms of arsenical poisoning? Give antidotes and the reasons for using them.
3. Give the tests for corrosive sublimate.
4. Contrast the symptoms of poisoning by opium and those of apoplexy and intoxication.
5. What treatment would you adopt in narcotic poisoning?
6. In a case of suspected poisoning, what precaution would it be necessary to observe in making the *post mortem* examination?

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 BOTANY—DR. CORNELL.

1. What is Botany?
2. Of what does the vegetable kingdom consist?
3. What does the term plant imply?
4. Are there any plants growing without being attached to any fixed body, if so give examples?
5. Are there any plants endowed with sensibility, if so give examples?
6. What analogy is there between plants and animals?
7. What important position does the vegetable kingdom occupy?
8. Is there constantly a reciprocity of favors going on between the animal and vegetable kingdoms, if so give examples?

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 Questions for *Final Examination*.

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 MEDICINE AND MEDICAL PATHOLOGY—DR. H. H. WRIGHT.

1. What are the symptoms of pneumonia in the adult? Describe its several stages and their pathological condition, and give the prognosis and treatment.
2. What circumstances are necessary for the production of malaria? What diseases does it give rise to, and how can you prove the existence of the cause? What character have they in common, and what effects follow the long continued influence of malaria?
3. Give the symptoms, prognosis and treatment of acute and chronic Bright's disease of the kidney; the tests for albumen and their fallacies.

4. What diseases of the chest have increased resonance on percussion? in what is percussion unaffected, and in what is it dull, and in what flat, and the value of this sign? how is operation performed?

5. Give the history of tubercle.

6. What conditions produce passive congestion, and what structures are involved? Give the rules of treatment.

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MEDICAL DIAGNOSIS—DR. SWEETLAND.

1. What diseases are liable to be confounded with ascites? Mention the distinctive symptoms of each.

2. Mention the distinctive signs of bronchitis, pneumonia and pleurisy.

3. Give the distinguishing characters of the diseases which have pain and tenderness in the right iliac fossa, as a prominent symptom.

4. Describe the varieties of small-pox. What diseases might it be mistaken for in early stages?

5. Give the diagnosis of typhoid fever. What indications does the thermometer afford in this disease?

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SURGERY (OPERATIVE)—DR. LIZARS.

1. Describe two or more methods of vaccinating a child, and the changes that will take place in the part if successful.

2. Describe the operation of ligating the subclavian artery in the third portion; structures divided and avoided.

3. Describe the different degrees of rupture of the female perinæum; causes and operations for its relief.

4. What is the usual cause of vesico-vaginal fistula, and operation for its relief?

5. Describe Piragoff's modification of Syme's operation.

6. Describe the operation for iridectomy.

7. Describe the operation of resection of knee joint, and cases in which it would be successful.

8. If a child is brought to you with double hair-lip and cleft soft palate, when would you attempt to operate, and what are the reasons for operating at that time? Describe the operation.

SURGERY (OTHER THAN OPERATIVE).

1. Describe cause, symptoms and diagnosis of lumbar abscess.

2. Describe causes, differential diagnosis and treatment of orchitis.
  3. What are the diseases that demand castration?
  4. What diseases affect the Antrum of Highmore?
  5. Describe symptoms of membranous croup, and the cases where tracheotomy is justifiable.
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## SANITARY SCIENCE—DR. CARSON.

1. What is Sanitary Science?
  2. What sanitary measures should be enforced by the public authorities at all times?
  3. What measures should be adopted in anticipation of an epidemic of cholera?
  4. What measures should be adopted in anticipation of an epidemic of small-pox?
  5. How far may the endemic diseases of Canada be prevented, and in what way?
  6. What are the ordinary impurities of drinking water, and how may they be detected and removed?
  7. In making out a dietary scale for jails or asylums, what proportion of nitrogenous food would you allow each inmate?
  8. Give an example of a daily *régime* of diet on the cheapest scale compatible with health.
  9. What is the minimum of cubic feet of space for each bed in a hospital?
  10. Name some of the ordinary disinfectants, and describe the manner in which they act.
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## SURGICAL PATHOLOGY—DR. FIELD.

1. What are the four principal conditions necessary for the normal nutrition of parts?
2. What are the two chief forms of atrophy? Describe atrophy of muscle in each kind.
3. Describe the pathological changes in the formation of an abscess, also the process of repair in filling up the cavity.
4. Enumerate the products of inflammation.
5. In subcutaneous injuries does extravasation of blood take any part in the reparative process? If so, in what manner?

6. Is the normal mode of repair of fracture by ensheathing, or intermediate callus? Describe the reparative process in fractures.

7. What is the difference, pathologically, between dry and moist gangrene? Give the cause of the difference.

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MEDICAL JURISPRUDENCE—DR. CAMPBELL.

1. Give the signs of death.
  2. Distinguish between wounds before and after death.
  3. How are stains of human blood known?
  4. How far can concussion of the brain be distinguished from intoxication?
  5. Give the signs of pregnancy.
  6. Give the signs of recent delivery.
  7. Describe the hydrostatic test in infanticide, and give the objections to it.
  8. Give a definition of insanity.
  9. Name the different varieties of insanity.
  10. How can feigned insanity be detected?
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SURGICAL ANATOMY—DR. SULLIVAN.

1. What is the relation of parts passing beneath the anterior annular ligament of the wrist?
  2. What parts are divided in excision of the elbow-joint?
  3. Give the course and coverings of femoral hernia. Where does stricture occur, and what are the dangers in operating?
  4. How is Syme's operation performed?
  5. Give the course and relations of the internal maxillary and obturator arteries.
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MIDWIFERY (OPERATIVE)—DR. HOPE.

1. If the fœtus and pelvis are duly proportioned, but the position of the child unpropitious, what instruments would you use to restore the lost relation in position?

2. Give three cases in which the forceps are indicated, the proper position of the patient for the operation, the manner of applying the instrument and the mode of making extractive force.

3. Describe a case where craniotomy is indicated and the manner of performing the operation.

4. Give diagnosis and treatment of a case of puerperal epileptic convulsions.

5. State the diagnosis and treatment of prolapsus of the cord.

#### MIDWIFERY (OTHER THAN OPERATIVE).

1. State some of the signs that show that labour has commenced.

2. How do you distinguish true from false pains?

3. Into how many stages is labour divided? Describe them.

4. Describe 1st and 2nd positions of the head.

5. What is the best position for delivery?

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#### PRACTICAL CHEMISTRY—DR. SANGSTER.

1. Briefly describe the preparation of the following re-agents  $\text{CaCl}_2$ ,  $\text{H}_2\text{S}$ , and  $\text{K}_2\text{O}$ .

2. Name the acids precipitated from neutral solutions by  $\text{AgNO}_3$ , grouping together:—1st, those insoluble, and 2nd, those soluble in  $\text{NH}_3$ .

3. Name the acids which are precipitated from neutral solutions by  $\text{CaCl}_2$ , and  $\text{Fe}_2\text{Cl}_3$ , respectively, distinguishing in the former case, between those soluble and those insoluble in acetic acid, and in the latter case stating the color of the precipitate.

4. Describe the re-actions by means of which you would detect the presence of lead, copper, potassium and mercury respectively.

5. Give the special re-actions of arsenic and morphine.

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### UNIVERSITY OF TRINITY COLLEGE.

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#### MEDICAL EXAMINATION, APRIL, 1871.

The following candidates have successfully passed the primary and final examinations, respectively, in this University:—

PRIMARY.—F. C. Astley, Barrie; J. Albright, Beamsville; W. S. Boyle, St. Catharines; R. Callighen, Toronto; William

James, Mount Albert ; R. Kains, St. Thomas ; H. Lang, Bryanston ; C. W. Marlatt, Yarmouth Centre ; P. McDonald, Brucefield ; A. McKay, Ingersoll ; William Osler, Toronto ; S. G. Rutherford, Shakespeare ; H. Ross, Brucefield ; T. J. Tamlyn, Newcastle.

FINAL (M.B.)—A. S. Campbell, Montreal ; W. R. Hillary, Aurora ; James Hackett, Newmarket ; J. M. Hart, Wilfred ; H. H. Moorehouse, Shetland ; D. S. Maccoll, Eagle ; A. L. McLaren, Campbellville ; J. Parker, Frankville ; J. A. Robertson, Shakespeare ; Adam Vrooman, Vroomanton.

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### VICTORIA MEDICAL SCHOOL.

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The following are the names of the successful candidates at the recent examinations in connection with the Victoria Medical School.

PRIMARY.—Jos. Albright, Beamsville ; Henry Brent, Port Hope ; W. S. Boyle, St. Catharines ; L. C. Campbell, Toronto ; William James, Nobleton ; Hugh Lang, London ; Robert Kains, St. Thomas ; Logan M. Moore, Duntroom ; J. S. McCallum, Stonffville ; P. Macdonald, Princefield ; Hugh Ross, Brucefield ; T. J. Tambllyn, Newcastle ; W. G. Tennant, Mohawk.

FINAL.—S. Bell, West Essa ; W. J. Brereton, Bradford ; Miles Brown, Winchester ; Frederick C. Cluxton, Peterborough ; Ed. L. Cash, Markham ; John Frazer, Strabane, B. T. Gahan ; Samuel Hindson, Belleville ; Chas. E. Jakeway, Holland Landing ; Robert Lawson, Honeywood ; William Lang, Keene ; J. O. Lovekin, Newcastle ; H. H. Moorehouse, Shetland ; Andrew McKay, Woodstock ; J. H. Parsons, Yorkville ; S. R. Richardson, Provincial Lunatic Asylum, Toronto.

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SUBSTITUTE FOR QUININE.—It is stated in the "Lancet," of London, Eng., that M. Pavia, of Italy, has produced an alkaloid from the leaves and roots of boxwood, which he calls "bussine." In the experience of certain Italian physicians, this substance has been found to possess virtues nearly equal to quinine, in the treatment of miasmatic fevers. In several cases gastric uneasiness, pyrosis, thirst, nausea, giddiness, and tinnitus aurium were attributed to the use of this remedy.

## **Selected Articles.**

### **COMPOUND DEPRESSED FRACTURE OF THE SKULL TREPHINING.**

CLINIC OF PROF. GROSS.

William Mitchell, 9 years old, was brought to the clinic by his father, Dr. Mitchell, having the day previous been thrown from a horse, lighting on his head. His father, on picking him up, discovered a wound about an inch in length, extending from a short distance above the left eyebrow upward and outward; it was attended with fracture of the frontal bone, with marked depression. The boy was not stunned by the fall, and he bore the journey—undertaken almost immediately after the accident—to the city, a distance of 160 miles, without any apparent suffering or injury.

Professor Gross, on examining the parts, found the condition described above, and, in conclusion with his colleague, Professor Pancoast, decided to trephine. Chloroform having been administered, he enlarged the wound, and removed a disk of bone, with a small trephine, from the outer side of the depression, and restored the bone to its natural level. The dura mater at the site of injury was somewhat injected, but perfectly sound in other respects. The parts were brought lightly together by suture, and covered with a wet compress secured with a bandage. At 8 P.M., six hours after the operation, the patient was restless, his pulse excited, and his skin hot and dry. He was taking hydrarg. chl. mitis, grs. iij, with pulv. jalap, grs. vj, every three hours, and a febrifuge composed of sp. mindereri, sp. etheris nit., tr. verat. virid., and deodorized tr. opii.

Six foreign leeches were applied to the left temple at midnight, and, gave him decided relief; his bowels had been freely purged, and he rested well after the bleeding. During the following day he was comfortable; his diet was restricted, and senna and sulphate of magnesia were substituted for the calomel and jalap.

He continued to do well until the 14th, when his father, on account of urgent professional engagements, was compelled to take him home. Fortunately no ill effects ensued; on the con-



trary, he continued steadily to improve, and is now, nearly two months since the accident, entirely well.

Professor Gross, in commenting upon the operation of trephining, alluded to the disfavor with which it is at present regarded by military surgeons, and then alluded to his own convictions that its danger, in ordinary cases and in persons of good constitution, is greatly overrated. The danger of allowing a depressed bone to remain in its unnatural situation was, he said, twofold,—immediate, from inflammation, and remote, from epilepsy and other bad effects. This is especially true of small, depressed fractures, which, by their pressure upon the brain and its membranes, nearly always induce inflammation, not unfrequently terminating in death in a few days. When the pressure is widely diffused, the danger, other things been equal, is comparatively slight. In punctured fracture the danger is proverbial. Children, from the peculiar susceptibility of the nervous system, are particularly prone to suffer from epilepsy and other nervous symptoms on recovering from the immediate effects of such injuries, where the bone is permitted to retain its depressed situation.

Great stress is properly laid upon the after-treatment in injuries necessitating such an operation. The head and shoulders should be kept constantly elevated ; the hair should be cut off close, and the scalp covered with a bladder partially filled with ice ; light and noise should be excluded from the apartment ; the diet should be restricted to the smallest allowance ; the bowels should be freely evacuated with calomel and jalap or senna and Epsom salts ; and if headache, accompanied by high fever and restlessness, arise, blood should be taken freely, by leeches, from the temples or behind the ears, or even from a vein at the bend of the arm. The old method of treatment after such injuries is too much neglected at the present day ; we feed too much and deplete too little.

A patient with fracture of the skull—especially one requiring the use of the trephine—should consider himself for a long time an invalid, avoiding all excitement, both of mind and body, observing great care in his diet, and keeping his bowels constantly in a soluble condition. From want of proper precaution, many a person has lost his life from the effects of inflammation of the brain, weeks and months after all danger was supposed to have been safely passed.—*Medical Times*.

### SIMPLE METHOD OF MEASURING THE SPECIFIC GRAVITY OF SMALL QUANTITIES OF URINE.

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We not unfrequently see, in an otherwise complete report of the condition of a specimen of urine, "quantity too small for the specific gravity to be measured," or words of similar import. A simple method has occurred to me by which the specific gravity of an extremely small quantity of urine may be obtained with sufficient accuracy for all practical purposes.

Suppose the quantity to be examined is half a fluid ounce. Add to this, say four times its bulk, or two fluid ounces of water, and take the specific gravity of the mixture. Suppose this to be 1004; the specific gravity of the urine will be 1020. The reason of this will be obvious; for we have in the mixture four parts of water at 1000, and one of urine for the fifth, to which any surplus above 1000 belongs, of course, if the water were replaced by an equal quantity of the urine, four other volumes of the surplus specific gravity would be added, and the specific gravity of the whole would be five times as great. Hence the following rule:—

Add to the quantity of urine to be examined as many equal volumes of water as may be necessary to float the scale of the urinometer. Multiply the excess of the specific gravity of the mixture above 1000 by the whole number of volumes employed, add it to 1000, and the result will be the specific gravity of the urine.

So simple a method as this can hardly fail to have occurred to many persons who have been engaged in examining urine, but I do not happen to have seen it mentioned in any of the books at hand, perhaps for this very reason. On the other hand, I have so often known the important fact of the specific gravity to be left out of a report on a specimen of urine for the want of enough to fill the urinometer, that the simple rule above given may not be without value to some of your readers.—*Boston Medical and Surgical Journal.*

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### FISTULA IN ANO.

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Dr. Huse in the *Medical Record* (March 15th) recommends the following mode for the radical cure of fistula in ano without the knife:—

A prompt and successful result, in several cases of anal fistula treated by injection of iodine, has induced me to call attention to this subject in the RECORD.

While disclaiming, of course, any originality for this *plan* of treatment, the *manner* in which I have employed it is probably somewhat new. At all events, it has thus far been entirely and permanently successful in my hands; and the suggestion of M. Henry, assistant to M. Bonnafont, as long ago as 1858, on this subject, seem to have met with undeserved neglect.

The iodine should be employed in the form of a *saturated ethereal* tincture. Its advantages over the officinal or alcoholic tincture are obvious. It is not only *stronger*, and thereby excites inflammatory adhesion in the walls of the tube, but the ether evaporates almost momentarily, and a pure coating of iodine is left along the fistulous track, which doubtless encourages absorption.

The instrument I have used is an ordinary hypodermic syringe, with small silver canula, which may be readily bent to correspond with the direction of the sinus.

The mode of operation is as follows:—After exploring the fistula with a *very small* probe (the ordinary probe of the pocket-case is far too large), after determining its course and extent, the patient is to be placed in a good light and a glass rectal speculum introduced, with its fenestrum opposite the internal orifice of the fistula. The canula is now bent to the required curvature and introduced, when the syringe, filled with tepid water, is screwed on, and the surface thoroughly cleansed of all extraneous matter. This step is not only essential, but serves to allay timidity, or dread of the subsequent operation.

Next, by the pressure, the fistula in its whole extent should be dried out, and the iodine will thus come in direct contact with its walls. Introduce now into the speculum a quantity of carded cotton. This will absorb any of the iodine which might otherwise be injected *through* and injure the mucous membrane, and by its characteristic stain will serve to show the completeness both of the fistula and of the operation.

The canula may now be re-inserted and the injection made. It should be done *slowly*, and at the same time the canula gradually withdrawn. Every part of the surface will thereby be reached.

The operation, which is not very painful, should be premised with a cathartic and followed with a full anodyne, as ordinarily with the time-honored knife method. The patient need not be confined to his bed, or room, even for an hour.

Thus far I have performed this operation four times, and, as remarked above, with immediate and complete success. The patients, were, all but one, below thirty years old. One was tuberculous, but no appreciable injury accrued from thus checking what we were once told is in phthisis a conservative drain. In my first case, a clerk, æt. 23, there was a dense and almost cartilaginous state of the fistulous wall, and the injection had to be repeated; but in the other, one "sitting" alone was called for.

## THE PROGRESS OF OBSTETRICS IN THE LAST TWELVE YEARS.

DR. GRAILY HEWITT, the retiring President of the Obstetrical Society of London, in his Farewell Address on the 5th inst., passed in review the work of this Society since its formation twelve years ago. The Address touched necessarily on many topics, and may almost be regarded as a kind of review of the volumes of the Society's Transactions already published. We give the most prominent points:—

### ANÆSTHETICS IN MIDWIFERY.

We have come—some of us, at all events—to recognize the fact that chloroform has a tendency to make work "lingering," that it sometimes enfeebles the uterus, and may thus cause hæmorrhage. This tendency it is proposed to do away with by diluting the chloroform by mixture of alcohol or other vapours, or by accurate mixture with air.

### DEFORMITIES.

The very important subject of distortion of the pelvis—a condition so full of danger to mother and child—has frequently incidentally been before us. Since the formation of this Society, a new form of distortion has been added to the previous list—the spondylolisthesis, or projection forwards of the last lumbar vertebra from caries or other disease of the bones beneath; first described in 1853 by Kilian, of Bonn. Dr. Barnes has contributed in our "Transactions" an exhaus-

tive paper on this new and interesting deformity, detailing the particulars of thirteen cases. The disease is rare ; but we shall probably hear of it more commonly now attention has been directed to its existence.

#### FORCEPS.

Of the great obstetric operations, most of which we can happily designate as conservative ones, the forceps is the chief and the foremost. What has this society done to further the use and efficiency of this instrument ? In the first place, this Society has on several occasions expressed itself strongly on the great impolicy of postponing the employment of the forceps when the labour is not a progressive one, and when it is delayed. We have endorsed the opinion put forward by Dr. Tyler Smith in a very able paper, that the head ought not to rest on the perineum some hours before the instrument is applied ; we in the same way repudiate the old maxim that it is necessary to feel the the ears before using the instrument ; we no longer insist on the os uteri being fully dilated in order to apply it ; we do not consider the entrance of the blades into the uterus as prejudicial ; nor do we object to the employment of slight degrees of compression to the fœtal head when necessary. These various questions require the use of discrimination on the part of the attendant in particular cases ; but the question is generally one of mechanics. In Dr. Tyler Smith's paper, and in a very forcible one by Mr. Harper, the advisability of more frequently using this life-saving instrument is most strenuously insisted on.

#### TURNING.

The last twelve years have seen much that is new in the operation of turning. The true value and place of this great operation has been more accurately defined. Our esteemed honorary Fellow, Dr. McClintock, discussed the matter in a very able paper. The question between the high forceps operation and the operation of turning is hard to determine in a general way, and it is quite evident that the individual difficulty will always have to determine the individual choice. Respecting the method of performing this operation, Dr. Braxton Hicks has introduced a novelty and a great improvement. It is hardly necessary for me to state to you that the bi-manual method of turning, which we owe to Dr. Hicks, enables us to turn in many cases where it would be otherwise difficult or impossible.

#### CRANIOTOMY.

Dr. Braxton Hicks has revived and developed a fact really stated by Hull and Burns many years ago, but lost sight of till now—viz., that

the foetal head can be brought through a very small aperture, when tilted so that the face shall be first presented at the aperture, the cranial bones and the lower jaw being first removed. The practical application of this fact will aid extraction in certain otherwise very difficult cases. Another novelty in the same direction is the suggestion of Dr. Barnes's, to cut the head into segments by means of a very strong wire, worked by the adaptation of the cerascur mechanism. Before this society was founded the cephalotribe was hardly known of at all in this country. We have now, in the instrument of Dr Praxton Hicks, a most portable and practical instrument. Dr. Barnes, Dr. Matthews Duncan, and Dr. Kidd, of Dublin, may be mentioned among those who have in this Society done much to develop the use of the instrument.

#### INDUCTION OF PREMATURE LABOUR.

It must be stated, I think, at the present time, that we are not yet decided as to what is actually the best method of inducing premature labour. There is a very remarkable paper in the "Transactions," by Professor Lazarewitch, of Chareov, in which twelve cases are related wherein the method of injecting water to the fundus of the uterus was employed; and no one can read the account of these cases without being struck with the safety and completeness with which labour was induced. Dr. Barnes's method is unquestionably an exceedingly good, and it may be characterised as being the best method we have in our possession for bringing labour to an end within a certain definite time. Looking, however, to the great difficulty of conducting the labour through its various periods safely to the child, which is an important consideration in most of these cases, it must be stated that we have not yet quite decided as to what is the best method; and there are still some, including myself, who think very highly indeed of the method of simple puncture of the membranes.

#### HÆMORRHAGE.

A new term in reference to hæmorrhage has been added to medical obstetric literature since the formation of this Society. We now recognize the existence of a form termed "concealed accidental hæmorrhage,"—hæmorrhage, that is to say, occurring concealed in the uterus itself, capable of imperiling the patient without necessarily causing a great external loss—a very dangerous complication of labour.

In a very interesting paper, Dr. Greenhalgh laid down this proposition, that in a case of placenta prævia the patient should not be

allowed to go on to the full term of pregnancy; that a woman with placenta prævia is constantly in danger of losing her life; and that the practitioner should exercise a special control over that patient, if he does not think it advisable to induce the continuance of the labour at the time the difficulty is first observed. With reference to the methods of treatment of this complication, I think that the general current of feeling in the Society is in favour of an eclectic method.

With reference to a post-partum hæmorrhage, I have little doubt that, if the treatment of the third stage of labour previously alluded to were generally practiced and insisted upon, we should have very slight occasion to treat post-partum hæmorrhage at all. As to the actual treatment of post-partum hæmorrhage, an important addition has been made to our practice in the injection of perchloride of iron into the uterus in cases where the other methods fail. This we owe to Dr. Barnes.

It must be admitted that transfusion is a remedy which is the only one capable of resuscitating a patient in certain cases; and it is a remedy which must always be considered in alluding to the subject of the treatment of hæmorrhage.—*Medical Press and Circular*.

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## ON THE THERAPEUTIC ACTION OF THE SULPHITES IN MALARIAL DISEASE.

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BY JAMES TYSON, M.D.

As the fungus origin of malarial disease became less probable, the plausibility of its treatment by the sulphites also lost all rational foundation, since it was based upon the discovery of Polli that these salts are hostile to animal and vegetable fungi. But since clinical results have been quoted in confirmation of the propriety of this theory, it is necessary also that additional experience should accord in its results with what we would expect on the supposition that the theory is erroneous; else must there be a certain amount of evidence in its favor. Accordingly, we have thought proper to report the results of a limited hospital experience, as shown by four illustrative cases.

First, however, let us learn some of the results of others. Dr. T. L. Leavitt, of Germantown, Pa., reports in the *American Journal of the Medical Sciences* for April, 1866, p. 388, a single case of remittent fever in a lady, aged 19, which resisted for more than four weeks the sulphate of quinia. The use of fifteen grains of the hyposulphite of

soda every three hours, instituted in the afternoon, was followed on the next morning by "the first omission in the exacerbation for over four weeks." The sulphite was continued three days, then at longer intervals, and, as stated by the reporter, "effected a perfect cure."

Dr. S. E. Hampton states in the *Cincinnati Lancet and Observer*, November, 1867, that in sixty-six cases of malarial disease it failed in the one only. A few of these cases only are reported.

Dr. W. E. Turner, in the *Leavenworth Medical Herald*, November, 1867, says that he used the sulphite and hyposulphite in every one hundred and twenty-five cases with unvarying success, and with better after-results than followed the use of quinia.

Dr. C. H. Chubb, of Cambridge, Md., reports, in the *American Journal of the Medical Sciences* for April, 1868, that in twenty-seven cases in which he used the hyposulphite of soda, "the paroxysms were arrested in twenty-five; in eleven of these the arrest was immediate, no paroxysm occurring after the treatment was instituted. These cases were nearly all of the tertian type. In nine cases, one paroxysm, and in the remaining five, two or more paroxysms, occurred after the use of the remedy commenced. These cases were mostly quotidians or double tertians, and the recurring paroxysms were invariably of mitigated severity. In no case was the remedy continued longer than a week, unless there was manifest improvement. In five of the cases relapses occurred; in three of these the disease was again arrested by the same remedy, and did not return, the treatment having been continued some time after the arrest of the chills; in the other two of the relapsing cases, sulphate of quinia was resorted to, to complete the cure."

Two cases only are reported in full,—one of success, another of failure. The former was that of a female, aged 31, who had been the victim of ague for twelve months, during which there was never an interval of more than two weeks between paroxysms. Quinia, iron, etc., were freely administered. She took the hyposulphite in doses of fifteen grains every two hours, and had but one paroxysm after the treatment was instituted."

To these we append the results of our own experience :

*Case I. TERTIAN INTERMITTENT.*—J. D., æt. 48, of Ireland, was admitted to the medical wards of the Philadelphia Hospital, October 10, 1870. He had no chill previous to admission. At noon on the 12th of October had a well-marked paroxysm of chill, fever, and sweat. On the 13th was ordered ʒi of sulphite of soda, to be taken in the



twenty-four hours terminating at noon on the 14th. At this time, however, the paroxysm recurred with less severity. Two drachms a day were then administered, in divided doses. On the 16th a paroxysm recurred, but less severely. The same treatment was continued until Oct. 27, when the patient was discharged, *no chill recurring after that on the 16th.*

*Case II. QUOTIDIAN INTERMITTENT.*—Ellen F., æt. 30, of Ireland, domestic, was admitted October 11, 1870. Has been residing the past five weeks at Red Bank on the Delaware River, where chills and fever are prevalent.

On October 7, about 4 p. m., had a slight chill, followed by fever and profuse sweating. A similar paroxysm recurred daily to date of admission. On October 12 ordered gr. x. sulphite of soda every three hours. The paroxysm recurred at 6 p. m. of October 13. Treatment continued until October 15, paroxysm recurring each day with increasing severity, until we feared to continue the sulphites longer. Accordingly, on the 15th, ordered gr. v. quin. sulph. every three hours. *After which no paroxysm recurred.* She was discharged October 21, 1871.

*Case III. TERTIAN INTERMITTENT.*—Hugh K., æt. 13, in summer drives a canal boat on the Juniata Canal. Admitted to the medical wards of Philadelphia Hospital, October 12, 1870. About October 1, was seized with a chill, followed by fever and perspiration, to which succeeded a similar paroxysm on alternate days, but not at precisely the same hour. The first paroxysm in the hospital occurred October 13. A half-drachm sulphite of soda was ordered to be taken daily. Paroxysm recurring on the 15th, 3ij sulphite of soda were ordered daily. On October 17 paroxysm returned, also on October 19,—earlier and less severe. On October 21, paroxysm did not recur, but at midnight on the 23d again presented itself, though less decidedly; again, similarly on the 25th; on the 26th at 3 p. m., in very severe form; and at 1 p. m. on the 28th. During this time 3ij of sulphite of soda were taken daily. On the the 29th, sulphite of cinchonia, gr. xij, was ordered to be taken by 9 a. m. of the 30th. Paroxysm returned at 10.15 a. m. On November 1, the cinchonæ sulph. was similarly administered. No paroxysm recurred upon that day, nor upon the 3d, but one again presented itself upon the 5th, the remedy having been inadvertently omitted after the 1st. On November 7, another paroxysm. Two drachms of sulphite of soda daily were now again ordered, which were increased to 3ss on the 10th. During this interval the paroxysms continued to recur with severity on alternate days. On

the 11th the sulphate of cinchonia was again ordered, in so small a dose as gr. ij three times a day. A slight fever presented itself at 10 p. m. of the 12th, but no chill; and after this no paroxysm recurred, the cinchonia salt being continued daily.

*Case IV. TERTIAN INTERMITTENT.*—Isabella W., æt. 29, was admitted October 24, 1870. having the history of a well-marked paroxysm on alternate days for some time previously. The first in the hospital occurred on the 25th. On October 27, ʒij of sodæ sulphis were ordered, the paroxysm occurring at 1.30 p. m. The quantity was increased to ʒiij on the 29th, which was again reduced to ʒij on the 31st. After October 28 no paroxysm presented, though on each day, at the time of the expected chill, a feeling of nausea occurred, and continued even at the date of the patient's discharge on November 7, the ʒij of sulphites being continued to that time.

Now, what are the conclusions we draw from the above cases, bearing in mind that the almost invariable tendency of malarial disease, except in its *pernicious* form, is to abatement in the severity of recurring paroxysms, and in some instances, at least, to spontaneous recovery? Let us consider Case I.,—one of recovery under the use of the sulphites. Three paroxysms succeeded each other, the second after one drachm of sulphite of soda had been administered, the third after the use of two drachms; and this was less severe than the previous ones, and was also the last, the sulphites being continued ten days longer. Although some observers might be inclined to class this among the cases which owe their recovery to the sulphites, we ourselves feel compelled to place it on neutral ground, from the fact that the course pursued by the disease was precisely that of the natural history of mild cases,—gradual abatement and final disappearance of the paroxysm. Although it is *possible*, therefore, the disease was influenced by the treatment, yet the chances are at least equal that spontaneous recovery took place. The case cannot, therefore, be admitted in evidence. Even the most credulous must, however, admit that the response to treatment in this case did not at all compare to that of the sulphate of quinia in similar cases.

How is it with Case II., in which we have the more uncommon condition of increasing severity in the paroxysms? Here clearly the case is against the sulphites. The remedy was useless, at least in the quantity given; and that the case was not an unusual one appears from its prompt amenability to quinine.

Case III. must also be counted against the efficacy of the sul-

phites; and here no objection can be made to the quantity administered. It reached 3ss per day, while 3ij, which were given many days in succession, must be acknowledged to be a full dose for a boy thirteen years old. It will be noted that there was here a relapse, after the interruption of the paroxysm, during the administration of the sulphate of cinchona, and that the use of the sulphite of soda was again instituted, but to no purpose. The cinchona was again called to rescue the patient.

In Case IV., a well-marked tertian, the paroxysms disappeared under the use of the sulphites in quantities of 3ij a day; and the suddenness with which they ceased, after a full dose of the salt, when no tendency to diminished severity had previously presented itself, is at least striking. And although it is not impossible that such cessation should occur spontaneously, yet the probabilities are against it; and it must be admitted that if quinine had been administered it would generally be conceded that the subsequent effect was a consequent one. We must therefore accept this case as one in evidence of the efficacy of the sulphites.

These results do not accord with those previously reported. Only one of four could be legitimately conceded to confirm the efficiency of the sulphites in malarial disease, instead of sixty-five out of sixty-six, as in the report of Dr. Hampton, or twenty-five out of twenty-seven, as in that of Dr. Chubb. We do not wish to be considered as questioning the observations of these gentlemen, and have no doubt but that the results followed the treatment; but had these cases been closely watched, analyzed, and eliminated, as only can be done under hospital-surveillance, perhaps all would not have been admitted in strict testimony as to the efficiency of a treatment which, in the face of recent minute investigations, can no longer be said to have a rational foundation.

We have not, however, any right, nor do wish, to exclude any of these cases. We simply present our own as a nucleus *tending* to prove a somewhat different conclusion, to which others may or may not be added.

The attention of others is accordingly invited to a subject which is so full of interest, both in a practical point of view, and as bearing upon a theory of disease which, although tottering, is perhaps not without something to support it, and, therefore, since not definitely settled, calling upon all of us for information as our humble facilities may afford.—*Medical Times.*

THE PRODUCTION OF HEMORRHAGE, ANÆMIA, ETC.  
IN THE LUNGS BY INJURIES TO THE BASE OF  
THE BRAIN.

Dr. Brown-Séquard contributes to the *London Lancet*, January 7, 1871, some experimental researches on guinea-pigs, rabbits, and cats, to show how frequently the lungs are altered consecutively to a lesion of the brain. He states that in almost all cases of injuries by crushing or section of the pons varolii, ecchymoses were found in the lungs; sometimes the whole lung was crowded with effused blood, and real pulmonary apoplexy existed. Injuries to other portions of the brain were attended with similar results, but they rarely followed injuries to the medulla oblongata and spinal cord, although the nerve-fibres going from the pons varolii to the lung pass through both of these divisions of the nervous system. Experiments show that it is not through the par vagum, but the sympathetic, especially by its spinal roots, that the peculiar influence of the irritated pons varolii exerts itself in producing pulmonary hemorrhage. The condition of the lung, as regards distention or collapse of air-cells, does not materially change the effect. A lesion in one of the lateral halves of the pons produces generally a much greater effect on the lung of the opposite side. Anæmia may also be produced after similar injuries of the base of the brain, but especially of the pons varolii, some parts of the lung seeming to be absolutely deprived of blood. Œdema appears principally after injury of the medulla oblongata, the lung presenting several minute grayish spots containing serum, and the minute blood-vessels being filled with the white corpuscles of blood, and free from red corpuscles. This change in the contents of the pulmonary capillaries is immediate. Emphysema, Dr. Brown-Séquard declares, can appear when not a single respiratory movement takes place, after an irritation of the base of the brain, either by crushing or cutting. This differs from the views of other observers on the mode of production of emphysema. He also states that of 188 cases of organic disease of the brain recorded in the work of Calmeil, there was a morbid state of the lungs in more than 60 cases. He concludes that many patients attacked with brain-diseases die from disease of the lungs caused by that of the central organ of the nervous system.—*Medical Times*.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At a meeting of the Council, on the 21st March, for the consideration of the Draft-scheme for a Conjoint Examining Board, the Council formed itself into a Committee, when Mr. CHARLES HAWKINS moved, Mr. H. LEE seconded, and it was resolved, that the present Committee affirms anew, and purposes that the Conjoint Board Committee should, as far as practicable, adhere to the resolution of the Council of October 7th, 1869, viz., "That it is the opinion of the Council that there should be instituted a single Examining Board for each division of the United Kingdom, before which every person who desired a licence to practise should appear, and by which he should be examined, and that a diploma from either of such Examining Boards should entitle the holder to practise medicine, surgery, and midwifery in any part of Her Majesty's dominion."

It was moved by Mr. CURLING, seconded by Mr. BUSK, "That an Examining Board be formed for this division of the United Kingdom; that every person desirous of being registered under any of the qualifications granted by the English licensing bodies, as mentioned in Schedule A to the Medical Act of 1858, be required to appear before that Board, and be examined on the subjects of professional education; and that full liberty be left to the said licensing bodies to confer as they may think proper their honorary distinctions and degrees."

It was moved as an amendment by Dr. HUMPHRY, seconded by Mr. HILTON, and carried, "That it is desirable that an Examining Board should be formed by such licensing bodies as may consent to take part in it, it being understood that each co-operating body shall refrain from the exercise of its previous separate privilege of giving admission to the *Medical Register*."

On reading Resolution 2 of the Draft-scheme, it was moved by Mr. SIMON, seconded by Mr. LEE, "That the consideration of clauses II., III., IV., and V. of the Scheme be deferred till the Conference shall have had an opportunity of revising them in the sense of the resolutions which the Committee that day passed."

Amendment moved by Dr. HUMPHRY, seconded by Mr. HANCOCK, and carried, "That the Committee assents to Resolution 2

of the Draft-scheme, provided each of the licensing bodies therein mentioned take part in the constitution of the Board of Examiners."

It was then moved by Dr. HUMPHRY, seconded by Mr. SIMON, and resolved. "That it is desirable, in the opinion of the Committee, that each of the examiners in medicine, surgery, and midwifery, shall be a graduate in medicine or surgery of a British University holding the highest degree in medicine or surgery of his University, or a Fellow or Member of one of the Royal Colleges of Physicians, or Fellow of one of the Royal Colleges of Surgeons in the United Kingdom, or that he shall be, or have been, a recognized teacher on the subject in which he is appointed to examine."

The other resolutions in the Draft-scheme were deferred for future consideration.—*Medical Press and Circular.*

### DEATH FROM INHALATION OF ETHER.

Some of our American friends seem to think ether perfectly safe. We beg to remind them of a case of directly fatal result from ether inhalation which occurred in Boston. A man who had received a bullet-wound in the knee, and who was etherized for the purpose of amputation, suddenly ceased to breathe during the operation. In nearly every instance of death hitherto imputed to ether, hours, if not days, have elapsed before the fatal result. The present case is more like cases of death from chloroform. The particulars were related in the *Boston Med. and Surg. Journal*, of December 8. 1870, but many American editors seem to have quite forgotten it.—*Medical Press and Circular*

THE TITLE OF "DOCTOR."—The New York *Medical Gazette* gives the following, taken from one of its exchanges:—

"The title of 'Doctor' was invented in the twelfth century, Irnerius, a learned professor of law at the University of Bologna, induced the Emperor Lothaire II., whose chancellor he was, to create the title, and he himself was the first recipient of it. He was made doctor of laws by that university. Subsequently the title was borrowed by the faculty of theology, and first conferred by the University of Paris on Peter Lombard. William Gordenio was the first person upon whom the title of doctor of medicine was bestowed; he received it from the College of Asti, in 1329."

A NEW AND PRACTICAL METHOD OF DISINFECTION.

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Dr. Hoskin, in the *Boston Medical and Surgical Journal* of March 9th, calls the attention of the profession to a new and simple apparatus designed by himself, the object of which is to vaporize certain chemical substances, and thus thoroughly to disinfect the air, walls, ceiling, and, in short, the entire contents of any apartment, however large.

The instrument by the aid of which this is to be accomplished may be briefly described as consisting of a bottle, wick, and—attached to the free end of the wick—a bulb of spongy platinum. Into the bottle should be poured an alcoholic solution of the substance which it is desired to vaporize (for instance, carbolic acid); the wick is then to be lighted, and the flame extinguished as soon as the ball becomes red hot, which requires but two or three minutes. The ball is now fed continuously by the wick, and will continue red hot as long as any fluid remains in the bottle, and, in this condition, it will readily vaporize the substance in solution, minute particles of which are thus scattered throughout the atmosphere.

The following may be enumerated as a few of the cases in which it is thought this instrument will be found useful.

Firstly. In zymotic diseases, for disinfecting the persons of patients as well as those of the nurses and other attendants, also the furniture, walls, ceiling, and air, this method offers many advantages over any other hitherto suggested. In scarlatina, smallpox, &c., there are strong grounds for the belief that the poisonous germs of the malady, emanating from the body of the patient and exhaled with every breath, fill the air of the sick chamber, adhering to all objects within the room, and that each of these germs, unless in some way neutralized or destroyed, may become the focus of future infection. It is true that these germs are so minute that their presence has not yet been detected with certainty, even with the aid of the microscope, still we have very strong circumstantial evidence of their existence. Furthermore, experiments have demonstrated that if liquids or solids containing these germs are brought in contact with certain chemical substances, such as carbolic acid, sulphurous acid, &c., even in the smallest appreciable quantity, they are, by some process not yet satisfactorily explained, rendered completely innocuous. In scarlatina, in particular, the results of this theory have been repeatedly shown, and the inevitable deductions are such as must carry with them great weight, so

that, at present, when one member of a family is attacked with this contagious malady, so great is the confidence felt in these prophylactic measures by those who have given them a trial, that it is no longer considered necessary to remove those of the family who have not previously contracted the disease.

But while the body of the patient may be disinfected by simple outward applications, it has long been felt that some ready process was needed for attacking more effectually those germs which float in the air or adhere to the walls and ceiling. For this purpose this little instrument will be found particularly efficient.

2ndly. In the recent recommendations of the Commissioners on the contagious diseases among cattle of this State, the importance of thoroughly disinfecting barns and sheds is urged in order to arrest a prevailing epizootic, but it will be observed that no method is suggested for effectually carrying out such a process. I am confident that the result here desired could be most readily obtained by placing in these buildings, for twenty-four hours, two or three of the instruments here described. Other objects to which this apparatus may be applied will continually suggest themselves; as for instance, for neutralizing the offensive odor of dissecting rooms, surgical wards, for purifying the holds of emigrant ships, for disinfecting cars and carriages in which persons suffering from contagious maladies have been conveyed, or even horse or steam railroad cars to which any suspicion of such conveyance may be attached, or which need to be purified from other causes. By introducing into the bottle a solution of iodine, cannabis indica, or the like, this instrument may be substituted for the various atomizers now in use, for administering these various drugs by inhalation.

I have ventured to give the name "Eudipile" to this instrument, and although its construction was suggested by the old and well-known scientific toy employed in Eudiometry, it differs from the latter in several essential particulars.

Of course, the bottles to contain the disinfecting liquid may be made of different capacities, to correspond with the size of the apartment to be disinfected.

It has been estimated that a bottle holding two ounces will throw out a constant stream of vapor for about sixteen hours, at an expense not exceeding twenty cents.



## BOOK NOTICES.

ON DISEASES OF THE SPINE AND NERVES. Philadelphia : H. C. Lea. Toronto : Adam Stevenson & Co. \$1.50.

This volume comprises a series of essays, extracted from the "System of Medicine," edited by J. Russell Reynolds, M.D., on a group of diseases of great interest, and many of them of frequent occurrence.

Part I. is devoted to Diseases of the Spinal Cord ; from the pen of C. B. Radcliffe, M.D., F.R.C.P.

Part II. contains a short and pointed article on Epidemic Cerebro-Spinal Meningitis ; by J. Netten Radcliffe.

Part III. consists of a concise paper on Neuritis and Neuroma ; by J. W. Begbie, M.D., F.R.C.P.E.

Part IV. is devoted to a full and comprehensive article on Neuralgia ; by F. E. Anstie, M.D., F.R.C.P.E.

These Essays are from the pens of gentlemen of acknowledged ability and experience, who have paid particular attention to the several diseases on which they have written. The volume will be found to present the latest advances in the knowledge of the several subjects therein discussed.

THE CHANGE OF LIFE IN HEALTH AND DISEASE—By Edward John Tilt, Vice-President of the Obstetrical Society of London, &c. From the third London edition. Philadelphia : Lindsay and Blakiston. Toronto : Copp, Clarke & Co., \$3.00.

This new edition is much enlarged and improved and neatly bound in cloth. The book consists of about 300 pages, and is divided into twelve chapters ; the first five on the Physiology of the change of life, and one on the Pathology, one on its Therapeutics, and one on its Hygienics. The remaining chapters treat of the diseases of the reproductive organs at this period of life, the skin and digestive organs, nervous system, &c. The author is very clear and concise in style, and the work contains a fund of practical matter, and no small amount of theory also, which is very clearly enunciated. He also gives evidence of having been a very earnest and faithful worker in the Physiology and diseases of women, and he has made a valuable contribution to the literature of the subject which has thus engaged his attention. It is, so far as we know, the most interesting and thoroughly practical work on the subject of which it treats in the English language. It is a pleasant work to read, an easy guide to follow, and a work which we can cordially commend to the profession.

A TREATISE ON THE CHRONIC INFLAMMATION AND DISPLACEMENTS OF THE UNIMPREGNATED UTERUS—By W. H. Byford, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children in the Chicago Medical School. Second edition. Philadelphia: Lindsay and Blakiston. Toronto, Copp, Clarke & Co., \$3.00.

The second edition of this work is much enlarged and improved, several illustrations have also been added, which materially enhance the value of the book as a work of reference to the busy practitioner. The author seems to place great confidence in the success of local treatment in the cure of sympathetic secondary affections arising therefrom. A considerable space is therefore devoted to the local treatment of disease of the uterine system, and especially to the mechanical means and topical applications used. Although a work of only about 250 pages, it is supplied with a copious index, which adds much to its general usefulness as a work of reference. It is very neatly got up, printed in *large* type on very good paper, and is creditable alike to author and publisher. We have pleasure in commending it to our readers.

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#### MEDICATED LOZENGES.

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We beg to call the attention of the profession to Hessin's Medicated Lozenges, the advertisement of which will be found in another column. Mr. Hessin is well known in Toronto, where he has been in the confectionery business for the last fifteen or twenty years, and at the suggestion of some medical men here, he has been induced to manufacture medicated lozenges. We are glad that he has seen his way clear to enter upon this new enterprise, as, if properly sustained, it will be the means of doing an incalculable amount of good. This is undoubtedly the easiest way of administering medicine to children and even to some adults, and explains the reason why so much patent medicine is consumed annually in the form of bronchial troches, worm lozenges, &c. This new branch of the business entered upon by Mr. Hessin will be the means of doing away with a good deal, at all events, of this abominable trash, and introducing ready to the doctor's hand, palatable and carefully prepared medicines.

We wish him all success in this branch of his business, and trust that the medical profession will second his laudable effort in striving to render disagreeable medicines as palatable and agreeable as possible to unfortunate patients, both young and old.

Two years ago we began to import pure light wines direct from the vineyards of the south of France believing that both in price and quality they would be well adapted for consumption in Canada. The result has surpassed our expectations, and the demand has been such as to tax all our energies for its supply.

As a considerable portion of this demand has arisen from the adoption of these wines by medical men in their professional practice, and their consequently extended use by invalids and delicate persons, it has been suggested to us that a careful analysis of those brands most used, and especially the cheaper ones, would be useful, to show the various proportions of the main constituent parts of each description, so that, in every case, the wine most suited to the requirements of the consumer might be selected.

Professor Croft, of the Toronto University, has kindly made this analysis for us, and we annex his report with the chemical results given in a tabulated form. The higher priced and better known wines, being more articles of fashion and luxury, have not been included in this table as their number would make it too cumbrous for easy reference.

QUETTON ST. GEORGE & CO.,

Wine Merchants,

34 King Street East, Toronto.

UNIVERSITY COLLEGE, April 25th, 1871.

GENTLEMEN,—I have taken considerable interest in the examination of the Roussillon and other wines of your importing, on account of their being of a character so much superior to what I expected. I have tested them by the processes of Chevallier, Jacob, Vogel and Esenbeck, and in all cases have proved them to be pure and unadulterated wines. The following table will show the relative strengths, as regards solid matter, alcohol, alkaline salt and acid, the latter being calculated per gallon. The alkaline matter is the ordinary wine salt or cream of tartar—bitartrate of potash. The determination of the quantity of astringent matter does not seem to be possible, but its relative proportion can be easily distinguished by taste. The Roussillon wines and Masdeu and some vins d'ordinaire have a good deal of it, while in the Alicante it is scarcely perceptible. The Masdeu has the greatest alcoholic strength of all these wines, and the Alicante most saccharine matter.

NAME.		Specific Gravity.	Absolute Alcohol by weight.	Solid Matter, Sugar, &c.	Ash.	Acidity per gallon.
Roussillon Vin Rouge .....	\$1.00 per gal.	1.012	12.17	7.50	0.50	468
Roussillon Port, No. 1 .....	2.00 "	1.018	14.86	9.10	0.80	435
Roussillon Port, No. 2 .....	1.50 "	1.031	12.29	13.50	1.25	462
Alicante .....	2.00 "	1.033	15.47	14.25	0.30	339
Masdeu .....	2.00 "	1.007	17.22	10.20	0.40	457
Catalonian Port .....	1.50 "	0.997	10.24	4.38	0.63	366
Vin d'ordinaire (Lansade)..	3.00 per doz.	0.998	8.33	2.07	0.40	621
Vin d'ordinaire du Midi (brown label).....	3.50 "	0.997	10.78	3.06	0.30	629
Vin d'ordinaire (w'te label)	2.50 "	0.995	8.83	2.04	0.31	630
French Sherry, or Vin blanc d'ordinaire.....	1.50 per gal.	0.999	15.60	5.07	0.20	317
Vin de Graves.....	4.00 per doz.	0.991	9.66	2.01	0.21	350

The proportion of alcohol calculated as proof spirit would be about double that of the alcohol given in this table.

Yours truly,

HENRY CROFT.

Messrs. QUETTON ST. GEORGE & Co.

# UNIVERSITY OF PENNSYLVANIA.

## MEDICAL DEPARTMENT.

**Ninth Street, above Chestnut, Philadelphia.**

The Lectures of the Session 1870-71 will commence on the second Monday (10th of October, and close on the 1st day of February ensuing.

### MEDICAL FACULTY.

GEORGE B. WOOD, M.D., Emeritus Professor of Theory and Practice of Medicine.  
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One Introductory will be delivered in the Course.

Clinical instruction is given daily throughout the year, in the Medical Hall, by the Professors, and at the Hospitals. At the Philadelphia Hospital, containing 900 beds, instruction is free.

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Matriculating Fee (paid once only) .....	5
Graduating Fee .....	30

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EDWARD RHOADS, M.D., Clinical Lecturer on Physical Diagnosis.

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D. HAYES AGNEW, M.D., Professor of Clinical and Demonstrative Surgery.

HARRISON ALLEN, M.D., Clinical Lecturer on Syphilis.

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The Sixth Course of the Auxiliary Lectures will begin on the last Monday in March, and terminate the last Thursday in June. These Lectures are free to all Students of the regular Medical Course.

R. E. ROGERS, M.D., Dean of the Medical Faculty, University Building.

W. H. SALVADOR, Janitor, University Building.

P.S.—Board may be had at from \$4.50 to \$6 per week.

*Alumni of this Department who are permanently settled, and other medical practitioners, who desire to receive the Catalogue and Announcement regularly, are respectfully requested to send their address to the Dean, P. O. Box 2639, Philadelphia.*

Philadelphia, September, 1870

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Original Communications.

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CASE OF INVERTED UTERUS.

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BY CHARLES WM. COVERNTON, M.D., M.R.C.S., ENG., VICE-PRESIDENT,  
COLLEGE OF PHYSICIANS, AND SURGEONS, ONTARIO.

Considering that a faithful record of failures would be of as much importance and interest as a jubilant account of success in some unusual and consequently interesting case, I send you the particulars of one that fortunately is known to the profession generally, more from the description of specialists, than from observation.

I had imagined that the case was probably the first for record in Ontario; yesterday, however, I was disabused of that idea, by my friend Dr. Hayes handing me the March number of the Canada Medical Journal, in which I notice three similar ones recorded by Drs. Campbell, Godfrey and Thompson. As these are included in a period of little over three years, and occurred in Montreal, or its immediate vicinity, the question fairly arises whether inversion of the uterus really is of the rare occurrence, it is generally held to be. Also whether an amount of moral courage equal to confession of failure in diagnosis, as evinced by Dr. Campbell at the March meeting of the Medico Chirurgical Society, would not lead many members of our profession to record similar mistaken *fibroid tumors*!

On the 14th of last October, I received a telegram from Dr. Stewart, of Port Dover, requesting me to repair immediately to that town for consultation in an urgent case. On my arrival at his house, I was informed that the patient in question had been attended in her second confinement, a week previously, by another medical man, and that on that morning, the husband had called and requested Dr. Stewart to meet this gentleman in consultation. Unfortunately, one of the too frequent instances of professional misunderstanding interfered with this arrangement, and it was finally decided that the first gentleman should retire, and Dr. Stewart take the management of the case. On visiting the patient he considered her condition so critical that he declined the sole responsibility; and requested that I should be associated with him.

I found the patient lying on her back, knees elevated, anxious, pale, anæmic face, pulse ranging between 130 and 140 in the minute, skin hot, abdomen greatly swollen, tympanitic and intensely tender to the touch, discharge scanty, and highly offensive. I heard that on the occasion of her confinement there had been nothing unusual in the duration or the severity of the labour pains, but that shortly after the removal of the placenta, the medical man had been called in from an adjoining room to attend to her for sudden faintness, and intense pain. These were the only particulars of the labour at that time, made known to me. I diagnosed the case as one of puerperal peritonitis, and agreed with Dr. Stewart on the following treatment:—R Pul opii; Quinia disulph  $\text{àà}$  grs. ii.; Pul Ipecac co. grs. iv.; Ft. Pul. This powder to be repeated every three or four hours until sufficiently narcotized, then repeated at longer intervals. Turpentine stupes to be continued to the abdomen until slight vesication resulted; diet, beef essence, milk and brandy, and warm flannels to the vulva, frequently changed. Visiting her the next day, I found the pulse slower, countenance less anxious, abdomen slightly less tender and tympanitic, but severely vesicated by turpentine; ordered a large poultice of slippery elm, and treatment to be continued. I heard no more of the case for six days, when I received a telegram from Dr. Stewart requiring my immediate presence. On visiting the Dr. before repairing to the patient's house, I was informed that she had progressed very favourably until the previous evening, when she complained of great pelvic uneasiness and sense of pressure, that he then for the first time made a vaginal examination, and found nearly filling that canal, a firm fibrous mass, concerning the nature of which he was

desirous of having my opinion- I accordingly made a digital examination, and found a gourd shaped hard tumor, twice the size of an egg, lying in the axis of the vagina and which I at first imagined to be a large fibroid tumor that had been expelled from the uterus, at the same time probably as the placenta.

There was yet remaining too much abdominal tenderness to permit feeling for the uterus through the abdominal parietes, therefore, anything approaching to an *ex-cathedra* opinion was out of the question; I therefore tranquilized, as far as possible, the fears of the patient and friends, and agreed to see her again in the course of a few days. After the lapse of that time, I found the swelling and tenderness gone sufficiently to permit exhaustive exploration.

On hard pressure through the abdominal wall, no uterus could be detected in the pelvis, and with the finger of the other hand in the rectum, I failed equally to find it. I then passed two fingers of the left hand into the *cul de sac* behind the tumor, so as to lift it well above the pubes, and with the other hand pressing over the abdomen, I was able satisfactorily to determine the case as one of inverted uterus. After the acute inflammatory attack she had so recently undergone, I deemed it prudent to defer attempts at reduction until all vestige of tenderness and swelling had disappeared, and therefore suggested to Dr. Stewart the interim treatment of pressure on the tumor by means of inflated vulcanized rubber bags, and the daily administration of belladonna by rectum and mouth, in doses sufficient to insure its physiological action. In this view Dr. Stewart concurred, and it was continued until the 8th of November, when in consultation with other medical men, an attempt at reduction was resolved upon. The gentlemen who kindly lent their assistance were Dr. N. O. Walker of Port Dover, Dr. Coldham of Toledo, Ohio, and Dr. Hayes of Simcoe. The bed being removed from the wall, the patient was laid transversely, with the nates well to the edge, and thighs flexed on trunk. Dr. Stewart administered chloroform until complete anæsthesia was induced. On passing the right hand into the vagina and grasping the tumor, I found it almost uniformly hard and firm, conveying to the touch very little sensation of a hollow viscus.

Having the fundus in the hollow of the hand, I made pressure upwards, whilst with my fingers encircling the sides, I endeavoured to dilate the os and dimple the sides, the left hand by pressure on the abdomen steadying the organ.

After fifteen minutes manipulation, cramp in the hand compelled

me to desist, before, however, withdrawing it, Dr. Walker with his arm bare, and anointed, was at hand instantly to relieve me. Drs. Coldham and Hayes successively following. In this way for an hour and a half, attempts at dilatation and pressure upwards were continued. Dr. Stewart then reporting a failure in the pulse, we reluctantly for the time abandoned our efforts, having in that time accomplished only slight dilatation of the cervix, and increased elasticity and softness in the tumor. Very little hæmorrhage attended the operation. Some three or four weeks after this failure the patient was seized with violent hæmorrhage, and did not recover from this attack sufficiently to permit a second effort at reduction, before the 25th of last January. I then repeated the former treatment assisted by Drs. Stewart, Salmon and Hayes. As on the first occasion, I found the bed too low, I had the patient placed on a high table, in the position for lithotomy, and again after more than an hour and a half of uninterrupted attempts at reduction, had to experience the bitter mortification of announcing to the friends a second failure. Viewing our want of success as the result of our inability to overcome the encircling cervix, for I had successfully tried Dr. Noeggerath's method of indenting the cornua, without, however, the happy result, of the fundus following, I advised the husband as soon as his wife was in a condition for travel, to take her to Dr. Thomas of New York, who would probably consider the method by taxis to have been sufficiently tried, and would, therefore, practice the *ultima ratio* of abdominal section, and the use of the steel dilator acting on the principle of a glove stretcher on the constricted cervix, thus dilating it, and returning the organ to its normal position.

After an interval of many weeks, Mr. A., unwilling to subject his wife to the fatigues incident to travel, wrote to Dr. Thomas to come to Port Dover and operate; but on receiving a letter from that gentleman, requesting him to bring his wife to New York, as he could not leave the city, Dr. White, of Buffalo, N. Y., was sent for, and on the 11th of March that gentleman, assisted by Drs. Stewart, Salmon and myself, in an hour and ten minutes succeeded in accomplishing the desideratum we had so earnestly striven for in vain. Dr. White, I am informed, purposes publishing the case in the "Gynæcological Journal," and it will therefore be needless for me to enter minutely into the details of the operation as practised by him. As, however, many of your readers may not see that journal, I will briefly describe the method so successfully employed. *En passant*,



I would remark that I can hardly conceive a case that would resist his mode of procedure.

Having elevated the bedstead on four chairs, he placed the patient transversely, with the nates at the edge, and thighs well flexed on trunk ; Dr. Salmon grasping the right leg firmly, whilst I did the same with the left, Dr. White sitting in the centre, and Dr. Stewart at the back, administering chloroform, completes the *mise en scene*.

When completely under the influence of the anæsthetic, Dr. White introduced a large speculum, and through that a wooden compressor, dilated and slightly concave at the end applied to fundus uteri ; whilst at the projecting end a powerful spiral spring, capable of exercising a pressure of from seven to ten pounds, was attached. With one hand at base of spring, he kept up a continued pressure, whilst with the left in the vagina, he kneaded the cervix and dilated the os. Here I cannot refrain from remarking on his wonderful power of endurance. Ten to fifteen minutes, in the previous attempts we had made, invariably rendered our hands powerless ; whilst Dr. W., after thirty or forty minutes in the exquisitely painful and cramped position for the hand, only faintly indicated by his countenance the distress he must have been enduring. To that power of long continued manipulation, much of his success may, I presume, be attributed. After some thirty or forty minutes of pressure with the hand on spring, he placed it against his breast, and used an amount of force that I, in my simplicity, would have conceived sufficient to rupture the bladder and the whole vaginal attachment. At the end of an hour, Dr. White, as also Drs. Salmon and Stewart, were alarmed at the patient's breathing and appearance, and Dr. W. reluctantly determined on relinquishing the attempt at reduction for the time ; but as, in a conversation I had with her before the operation commenced, I learnt that she was fully determined, if we failed this time, never to submit to further efforts ; I enquired of him whether he thought another ten minutes would suffice for success, and on his replying in the affirmative, I urged him to continue, as in my judgment I considered it safe to keep her for that additional time under the chloroform. The pulse then being most carefully watched, the pressure was resumed, and in less than ten minutes the uterus resumed its accustomed place, and the patient, by Dr. White's skill, rescued from a living death, in the estimation at least of Hippocrates, who, in his aphorisms, says, "Propter uterum est mulier." No bad

symptoms followed the operation, and the lady is now able to take moderate exercise. Dr. W. concurred with us, that the inflammatory attack had so thickened the structure of the organ, as to account for our want of success. We had, however, not then received the lesson, of the amount of force that may skilfully be employed without rupturing the vagina.

In conclusion, I would express a hope that, among your numerous subscribers, there may be found many who will be willing in the future to chronicle their failures, equally with their triumphs, being well assured that frequently the former will afford the more instructive lessons of the two.

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#### MEDICAL SOCIETY FOR MUTUAL IMPROVEMENT.

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ST. CATHARINES, Tuesday, March 28th, 1871.

Dr. Goodman offered some remarks upon the treatment of croup. He had seen two cases of true inflammatory croup within a few days. In one case he was called in when the patient was nearly in articulo mortis. The child had previously been under the care of a homoeopath. In this instance great relief was afforded by keeping the patient in an atmosphere of vapour, but the disease terminated fatally. The other case was that of a child of three years of age, seen immediately after the occasion of grave symptoms. A canopy and vapourizing apparatus were promptly arranged, and the patient was kept respiring the moist warm air for several days, at the same time mercurial action was sought to be induced by calomel and half drop doses of Fleming's Tinct. of Aconite every two hours and mercurial inunction: as improvement became manifest a short dry cough was relieved by small doses of chloral hydrat. Zinci sulph. relieved the laboured breathing and promoted the expectoration of false membrane. The aconite was an excellent calmative, and promoted the action of the skin.

Dr. Mack recommended sulphate of copper in emetic doses very highly.

The Chairman, Dr. Oille, had employed the steam freely, and found the best results from the action of tartar emetic at the onset of the complaint, with hot baths, and emetics of alum to facilitate the expulsion of false membrane as the disease advanced.

Dr. Sullivan recommended iodide of potassium when mercurial action was tardy.

Laryngotomy in this disease was then freely discussed ; the general argument being against it, except when resorted to in affections of the glottis and rima glottidis simulating membranous or inflammatory croup, and the strong argument being the difficulty of inducing guardians and relations to permit the operation until too late.

The Chairman said that he desired to recommend to his confrères the suggestion of Dr. C. C. Fuller in the last Braithwaite to exhibit drop doses of wine of ipecac as an anti-emetic in sympathetic vomiting. He had tried the prescription with the happiest results in a case of most obstinate vomiting occurring in a child suffering from pertussis, on three different occasions at an interval of several days ; the distressing symptoms had been effectually controlled. Dr. Comfort had informed him of a similar result in a case of vomiting in pregnancy.

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Tuesday, April 11th, 1871.

Dr. Goodman reported favourably of the effects of chloral hydrate in a severe case of protracted labour, the remedy produced no nausea, but in moderate doses at intervals of two hours afforded great relief.

Dr. G. had also met with an interesting case of cerebro-meningeal congestion in a child. The patient had been labouring under malarial fever for some time, and had been attacked by the cerebral disturbance after prolonged swinging as an amusement. When called in Dr. G. found the pulse slow and laboured, the pupils acting in a remarkably irregular way, oscillating as it were between contraction and dilatation in a fitful manner, stupor, from which he could be aroused so as to reply intelligently, obstinate vomiting, bowels constipated, &c. Ordered one grain calomel every hour, enema of terebinth. and ol. ricini ; leeches to temple and sinapisms to the extremities. On the following day the patient was better, improvement followed the action of the Bowels.

Dr. Mack then read the following paper on *fibrous tumors of the uterus* :

## FIBROUS TUMORS OF THE UTERUS.

BY THEOPHILUS MACK, M.D.

*(Read before the Medical Mutual Improvement Society, St. Catharines.)*

One of the most important organs in the economy of nature, and one also, a large segment of which, in the present state of surgery, is ominously tabooed to the most enterprising confrère, is unfortunately very frequently the seat of a parasitic production—the fibrous tumor—deriving its nourishment from the bosom of a parent, it is ultimately to destroy.

There is no neoplasm which, after having been so confounded with other morbid growths by the old surgeons who endowed it with sixteen different names, bewilders the young practitioner more than this. He is met with *in limine*, by “Fibroid” as if it meant something a shade different, “fibrous polypus,” as if the fact of its being pediculated altered the whole distinctive character of the disease, or “fibroma,” or “myoma,” and it is only after a bother, (Hibernice) that he is awakened to the discovery that they are just all one and the same.

Fibrous tumours occur in the cellular tissues and are generally developed beneath investing or lining membranes. Of all anomalous growths which have their seat *in utero* they are the most frequent, varying in size from a hemp seed to an adult head. Unfortunately they have their seat more frequently in the fundus than in the cervix. Smooth or superficially lobed, they have always a spheroidal shape, and are extremely firm to the touch, unless œdematous from undergoing change. They are somewhat elastic and heavy, and sections of these productions bear a nearer resemblance to intervertebral cartilage than to any other natural growth in the body. Portions of their substance may be yellow, brown, or blue, with white lines or bundles of fibres in concentric circles or curves, the fasciculi of the bundles diverging and interlacing; sometimes the fibres are matted into a nearly uniform white substance, sometimes exactly resembling the fibrous tissue of the uterus, in fact a slight alteration may produce the fibrous tumour from the same blastema which gives origin to the uterine fibre. The blood vessels are venous, and are distributed chiefly in the areolar tissue, the vascularity is by no means uniform; some can easily be injected from the uterus, others remain quite pallid; no lymphatics are to be discovered.

Cruveilhier says that the venous system suffices for the simple nutrition of these productions of a low order of vitality, this circulation flows from sinuses or conduits devoid of regular coats in the fibro-cellular tissue, to a net work of veins surrounding the circumference of the tumour, and communicating with the circulation of the womb. Under the microscope, smooth organic muscular fibres are more or less present, nuclei are strewn through the substance, but often we find rather a fibrous appearance than a fibrous structure.

Among the results of degeneration of this morbid structure, two of the most remarkable are the formation of cysts and calcification. The cystic change after an œdematous condition, results in development of multilocular cysts, or a single cyst in the periphery of the tumour. This metamorphosis arises from obliteration of the blood vessels creating an infiltration of fluid which, re-uniting at certain points, becomes encysted; sometimes the wall is formed like a geode from the fibrous tissue itself. The fluid varies in colour and consistence very much, being clear straw-coloured and serous, or thickly viscid and dark, or like synovia, sometimes containing more or less cholesterine. Calcification may be compared to the crystallization of saline fluids obstructed in their current and causing the anatomical alteration of the production by the infiltration of calcareous matter due to the obstruction of its nutrition.

Suppuration and gangrene likewise terminate the life of a fibrous tumour occasionally, and under favourable circumstances they are "consummations devoutly to be hoped for." In a few cases a more favourable issue yet takes place, namely,—atrophy.

As to the origin of fibrous tumours it must be confessed that we are at a loss for a satisfactory theory, one thing only appears definite, that they are not hypertrophies of the normal uterine fibrous parenchyma, but independent morbid growths not continuous with the substance of the organ but surrounded by their peculiar cellular atmosphere; they are not exclusively incident to either celibacy or the married state, and are seldom found before the age of twenty-five.

A diagnostic point with reference to carcinomatous diseases is that they are more frequent in the upper segment of the womb than in the cervix.

As the scope of all communications to this society is intended to be eminently practical, I think I shall subserve this design best by the description of a few typical cases selected from memory chiefly. When the fibrous tumour grows into the pelvis submucously it gene-

rally becomes more or less pediculated. In the form of a fibrous polypus we are now fortunately able to triumph over the disease very uniformly.

A lady married, mother of children, complained of an obstinate debilitating metrorrhagia for which she had failed to obtain permanent relief for a period of two or three years. The uterus measured about  $1\frac{1}{2}$  inches more than it should with the sound, os patulous, and the sound gave the sensation of passing over an uneven surface just above the os internum. The uterus imparted the impression of more than normal weight. Two sponge tents were introduced at an interval of twenty-four hours, the second and larger being carbolized, was allowed to remain about forty-six hours secured *in situ* by a tampon of cotton; upon being withdrawn the vagina was douched for a few minutes with Infus. lini. An examination now enabled the forefinger of the right hand to detect a body engaged partially in the os internum.

The cervix uteri being continuously held with a long single toothed volsellum, used for drawing down the cervix in the operation for amputation of that part, the finger could be used so as to explore the substance, which was ascertained to be somewhat pediculated. The forceps being held by an assistant, a long uterine polypus forceps was introduced as the index finger receded, and by cautious manipulation it was ascertained that the blades held a substance in their grasp, the mass was then pulled down and a hold secured still higher up, where, by traction and rotation, a fibrous polypus was successfully removed about the size of a small plum. Cystic degeneration had occurred in the centre of the growth; after removal solution of persulphate of iron was freely applied, a piece of cotton saturated with a weaker solution of the same was left in the cervix and retained by a tampon in the vagina for twenty-four hours, when it was removed and complete convalescence ensued.

Mrs. ———, æt. 49, although evidently past the climacteric, complained of excessive menstruation, as she supposed it to be, the uterus being much enlarged. Sponge tents having been introduced, and the canal of the cervix fully dilated, a fibrous polypus was discovered with a broad pedicle attached to the upper part of the cervix. A wire cord having been passed round the pedicle with Braxton Hick's instrument and tightened, it was allowed to remain in that strangulated condition for about six hours, when it was crushed through by screwing up the wire, and removed. The growth was

about two inches in length and half an inch in diameter, it was an unchanged fibrous production.

3rd. I was sent for by a practitioner to see a lady who, he feared, was suffering from inversion. A dense heavy slightly elastic mass completely filled the vagina, the os uteri could be felt compressing the tumour, and the sound passed fully up five inches within the uterus. The chain of an ecraseur with careful manœuvring was passed up as high as possible, and the ratchet worked until it began to cut ; after a few minutes the mass severed from its attachment near the fundus, and by steady traction with strong polypus forceps, it was delivered through the vulva. This tumour was fully as large as a foetal head at the seventh month, a small portion was undergoing fatty degeneration. Strong solution of persulphate of iron was applied to the place where the pedicle had been crushed off, and both uterus and vagina were tamponed with cotton soaked in a weaker solution ; a good recovery ensued.

The fibrous tumour will attain an enormous size when, although submucous, it is also in a certain degree parietal.

4th. In this case the woman about 45 years of age sent for me to consult with her attending physician, when reduced to an extremely low state. Within the cervix about two inches from the os uteri could be discovered by conjoined palpation, a large submucous fibrous mass. A sponge tent which had been introduced by the attending physician having failed to dilate sufficiently, I divided the cervix freely with a pair of scissors, the tumour being then steadily drawn down by strong forceps, I made out a narrowing portion, and I could feel its attachment from below the fundus to about two inches from the os, upon the right side. It certainly was not a pedicle, yet I considered that the surface left exposed would not prove to be too extensive. The wire cord of Braxton Hicks' instrument was placed as high up as possible, but broke upon tightening, the chain of the ecraseur was then made to crush off a large segment, and several smaller pieces having been detached by the nails and torn away by the volsellum, or strong serrated forceps, the ecraseur was again employed, and another large piece removed. As the patient had been upon the table nearly four hours, and as much more than three-fourths of the growth had been removed, it was thought prudent to desist ; styptics were applied and she convalesced without any bad symptoms. The growth appeared to be intermediate between the submucous and the parietal tumour.

The frequent hæmorrhages in these tumors are caused most probably by the rupture of the veins between the fibres in the cellular tissue. A lady aged 30, sterile, came to me from one of the south-western States, to be cured of what she considered to be "incessant menstruation." Upon dilatation of the cervix, I found near the fundus a hard irregular submucous growth, with a broad base, around which I managed to get the wire of an ecraseur, and I easily crushed off a mass about the size and shape of a cow's teat; this tumor was gritty with calcareous matter and pieces of what resembled bone, with fibrous fasciculi and fat. After one year the tumor returned, when I again removed by torsion and evulsion with a forceps a much smaller fibrous mass, and a month or two subsequently I used a curette freely, and after a couple of weeks more, applied acid nitrate of mercury to the lining membrane of the uterus. It is now nearly eight years since the treatment and the lady has enjoyed excellent health.

An illustration of a parietal fibrous tumor occurred in a lady who came under my care for metrorrhagia and leucorrhœa, she was about 22 years of age, married, but childless. The tumor rose up above the pubes, and appeared to occupy the anterior half of the body of the uterus. The cervix was divided bilaterally as high up as possible, with great relief; after several weeks an incision was carefully made into the fibrous mass. Two or three months after her return home an immense evacuation of pus took place *per vaginam*, and the tumor diminished greatly; about a year after this occurrence she became a mother. Under this treatment, I have seen atrophy of the production on a few occasions, and almost invariably great relief to the hæmorrhagic symptoms. In enucleation, or incision, or electrolysis, or cauterization of these parietal fibrous growths, I believe the danger to be chiefly from septicæmia.

I am sorry to say that there is only one little manœuvre; that of pushing the tumor above the brim when it has increased in size so as nearly to fill the pelvis, which can afford to the poor sufferer any relief when the fibrous growth is subperitoneal. When cysts are developed the fibro-cyst may be evacuated with benefit.

Mrs. —, of Gowanda, New York, consulted me for an abdominal tumor. For many reasons I diagnosed a cyst attached to the uterus and not ovarian; I evacuated the cyst *per rectum* and secured a drainage tube within it upon removing the trocar. This woman appeared temporarily much relieved, and I lost sight of her.



Mrs. Bender, aged 47, mother of thirteen children, five years previously complained of uneasiness in the hypogastric region. Menstruation became irregular about two years ago, when she supposed that she was pregnant; then she had metrorrhagia, then a suppression for three months, followed by an excessive flow for six months, another intermission and then a metrorrhagia, which has continued for nearly three months, up to the time of this report, March 1st, 1871. Mrs. B., first consulted me for what she supposed to be dropsy. She stated that the abdominal enlargement had commenced about three months before, and that it gave her great distress; she had previously suffered from pain in the right iliac region, which was now more urgent in the mesial line with bearing down and bloody discharges from the vagina. External examination shewed the abdomen to be greatly distended by fluid, dull on percussion, no wave to be detected. The uterus was enlarged and eroded at the os; but no tumor could be discovered upon exploring through Douglass' cul de sac. Urine normal in quantity and character, appetite failing. The symptom most complained of was the abdominal distension; the limbs were not anasarcaous. Diagnosed an ovarian tumor (cystic) and ascites. She was treated with constitutional remedies to improve the general health, and upon the 18th of March, her friends insisting upon an operation, after all the dangers being fully explained to them, she was completely anæsthetized, by Dr. Alexander and assisted by Drs. Goodman, Sullivan, Oille, Comfort, and my brother, an exploratory incision was made. Upon opening the peritoneum, a thin sac filled with fluid immediately protruded through the incision, which it followed as it was enlarged. Upon introducing the hand, it was evident that the cyst was not ovarian, a trocar was introduced and about two gallons of a straw colored thin serum was evacuated, and the sac drawn out, when it was found to be attached to the fundus uteri and to contain a fibrous tumor at the bottom, about the size of a cocoa-nut, united by a pedicle to the top of the womb anteriorly. The upper surface of the tumor viewed from within the sac was purple colored, with several small cysts rising from it. After some hesitation I decided to remove the tumor and cyst, for the following reasons:—Firstly, the examination had extended far beyond the limits of an ordinary exploration with abdominal incision. Secondly, to cut off the cyst and secure it externally was impracticable from the tenuity of its texture; to return it, and unite the wound would seem very likely to produce a number of evil con-

sequences. Thirdly, there was a distinct pedicle and it was at a spot most favourable for securing it by clamps, and lastly, it was quite evident, from the rapid growth of the cyst, that the tumor if allowed to remain would soon prove fatal. The pedicle was then secured by clamps, ligatured by whipcord and divided by the ecraseur and the subsequent steps, after gastrotomy, as fully described by me in a successful case of ovariectomy, to this Society at a late meeting, having been completed, I felt some hopes of a successful result. For three days she did well, but on the fourth she began to sink, and died on the morning of the fifth day, from septicæmia. Upon *post mortem* examination, a small quantity of thin partially decomposed blood was found in the pelvis; of this we had no indication, although vaginal examinations were daily made, so as to open with a trocar and douche the pelvic cavity, if any fullness from extravasation could be detected. Traces of incipient cystic disease were found in both ovaries, the peritoneum deeply colored. Such is an instance of the degenerating submucous fibrous growth, which no man can diagnose without peritoneal section. I shall always regret that this operation should have been so imperfect, and I recommend in any similar case the removal of a portion of the uterus, ovaries, and fallopian tubes, so successfully effected by Dr. H. R. Storer, of Boston.

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#### SYNOPSIS OF MEDICAL WRITERS ON THE NATURE OF CONSUMPTION WITH THE MODERN RESEARCHES OF CHEMISTRY AND THE MICROSCOPE.

BY C. B. HALL, M.D., TORONTO.

Under the name of Marasmus, Tabes, or wasting, the disease known in modern times by the name of Consumption, has been studied and more or less properly understood, from the very earliest ages.

In the sacred book of Leviticus it is one of the "plagues walking in darkness," with which the rebellious Israelites were threatened, when it received the name of consumption. And still earlier if we are to pay any regard to Manetho, the famous Egyptian writer, who, according to the report of Eusebius relates that Athotis, an Egyptian king, wrote a treatise on anatomy and diseases of the lungs. This king, if the Egyptian chronology was to be depended on, lived many

ages before Adam. It is also related of Hippocrates, that being called upon to cure Demetrius of supposed madness, found him dissecting animals in order to discover the causes of diseases of the lungs, upon which the learned doctor reported him not only in his senses but the wisest of men.

Success, however, followed far in the rear, and but poorly rewarded the faithful laborer; for we find a Pupil of the really learned Pythagoras describing respiration from a very limited knowledge of the facts—“As soon,” says he, “as the humidity, of which there is great store in the first formation begins to be diminished, the air, (insinuating itself between the pores of the body) succeeds it; after that the natural heat by its tendency to make its escape, drives the air out, and when this natural heat enters the body again, the air follows it afresh; the former of these actions is called inspiration, the latter expiration, (Junty.) Notwithstanding the increased knowledge given us by Histologist, chemists and microscopists, in a popular sense, Consumption is considered a disease solely of the lungs, and so has been from the very earliest records, till within the last few years, nor is it yet satisfactorily explained why the tubercular deposit almost invariably finds its resting place in the parenchyma or sponge-like substance of the lungs. The different varieties of the old writers having passed away—I need not allude to them—for since the period of the distinguished introducer of Stethoscopy, Laennec, pathologists have generally admitted but one species of phthisis, the tubercular, and have considered that the existence of tubercles of the lungs constitutes the proper character of the disease, though Dr. Dunglison thinks it may be well to include under the term, all those forms of disease of the lungs which arise from the formation of tuberculous matter, or of deposition and indurations, which are allied to it, in the substance of the lungs.

Wherever tubercle is found it is in a solid state and consists of about 98 parts of animal and two of saline matter, comprising chloride of sodium and phosphate and carbonate of lime. Some of them, however, almost entirely calcareous, consisting, according to the analysis of Dr. Marshall Hall, of only three parts animal and ninety-seven of saline, mostly phosphate of lime with some carbonate of lime and carbonate of magnesia. There can be no doubt that tuberculous matter as it escapes from the blood is more soft and fluid than as generally found, and while in this state capable of being acted upon by the absorbents, and affected by the medical properties of Iodine, Bromine and Mercury.

Gerber maintains that albuminous or unorganized tubercle can only be produced from exudations abounding in albumen and poor in fibrine, and that such exudations are more likely to occur from blood which possesses less of the plastic or fibrinous material.

Virchow says that tubercle is not developed exudation, but merely metaphorphosed pre-existing tissue elements, to which in their primary state, the name of tubercle could not be applied, and that consequently the tubercular metamorphosis is not the mark of a specific process of a particular constitution, and that tuberculization the indubitably local process by which the body described by the name of tubercle is formed, is not a peculiar specific exudation, but a peculiar transformation of tissue element. This corresponds with Bennett's view of the tubercle being formed from the simple exudation of the liquor sanguinis and converted into tubercle proper by the deficiency of the plastic, or as he terms it, the oily elements. Mr. Gulliver has examined with great care the minute texture of tubercle, and says, "the animal substance is mostly granular matter formed in cells with nuclei,—the cell walls breaking down with the increase of the tubercle, but if so they are not able to develop themselves as ordinary cell tissue, their primitive cells can only retrograde and degenerate, since they are wholly destitute of plastic force from the beginning.

Dr. Theophilus Thompson, writing from the most extended observation has published a most elaborate work on the microscopic signs shown in the sputum in the different stages of the disease. He says, "in the formation of the epithelial cells we can trace three stages, *first*, that in which a granular nucleus is apparent, *secondly*, that in which a vesicle takes the place of the granular nucleus, and *thirdly*, the period of decay; it would seem to be at the time when the albuminous element gains on that of the fatty or granular, that the first discoverable indications of phthisical deterioration occur, but whether the cell granule is from the first formation faulty, or whether any influence arises subsequently to check its healthy progress, we cannot at present determine.

Dr. Fourcault of the Academy of Paris, a well known physiologist, published in 1844, a paper on the prevention of tubercular development which he altogether attributes to sedentary habits, inactivity and seclusion, which he says, "generate them by diminishing the functions of the skin and driving back into the torrent of the circulation the materials which the cutaneous surface ought to have eliminated, alterations of the blood are thus produced and these various kinds of

cachexia ensue," indeed he maintains that most chronic diseases are attributable to two principal causes, the want of muscular exercise and damp, which causes it to act mainly on the cutaneous surface producing the phenomena above stated; this simple paper, though following in the footsteps of Sir James Clark, Lanis, Lænnec, and Seudamore, produced a wonderful amount of good by unearthing, as it were, the poor victims of this hitherto imprisoned and imprisoning malady. Double doors and windows to the entire exclusion of all pure air was the fate of the first symptoms of tubercular formation.

Dr. Leared, Physician to the Royal Infirmary for diseases of the chest, published in 1864 a report on some five hundred cases treated by the hot air bath, (as an adjunct of course,) in which he shows a great advantage in its use in all the different stages, and concludes with the remark, "if it unfortunately fell to my lot to be affected by phthisis I should give the hot air bath the fullest trial." Following this Regnault and Reiset completed their report on respiration, detailing many curious experiments on birds and mammals, showing the important part taken by nitrogen in the economy and its action on respiration. Dr. Le Couppy, a French physician of the time, opposed the principle, as the cure could only be effected before the tubercles were in contact with the external air.

Schröder, Van der Kolk, Mulder, and Liebig, about this time gave the profession the results of their extraordinary investigations. Schröder gave his microscopic examinations of the sputa, showing by plates the appearance of the three different stages of the disease. Mulder gave the result of his experiment on the blood, showing the increased quantity of water and the specific action on it of acids containing no hydrogen, as, oxalic, tartaric, carbonic, and carbonic oxide, and Liebig promulgated his theory of the development of animal heat by purely chemical changes, and the oxydation or arterialization of the blood by the action of certain salts; thus relieving the lungs from what had been considered their peculiar duty, and adding greatly towards the cure of consumption by keeping, through these salines, the blood in a more healthy state, when the lungs were incapacitated. Mulder says "it is not necessary that the bright red color of the blood "should be owing to oxygen, or the dark to carbonic acid, because the "same change of color can be produced by solutions of entirely neutral "salts which do not disengage oxygen, as saltpetre, sulphate of iron, &c."

Professor Hughes Bennett, than whom perhaps no man in the

profession has done more for the elucidation of this most intricate disease, has clearly shown the microscopic and chief chemical changes, not only in the formation of tubercle, but in the further progress to the termination either in dissolution or restitution.

The chief and perhaps only true cause is hereditary and in this frequently passing over one or two generations, lying at times latent for several years, and at last brought into action by cold, exposure to wet, sudden transitions from heat to cold, living in over crowded rooms, and without proper care in changing clothing, in passing from overheated rooms and workshops to the cold damp air. Thus you find it among tailors, compositors, metallic grinders, and those unfortunate and injudicious people who persist in following an occupation to which they have become attached, but lack physical endurance to bear its fatigues. And this applies as well to mental as bodily labors, indeed Dr. Thompson, (to whom I have referred) alludes to depressing mental impressions as predisposing to phthisis, the terms "breathless anxiety," "breathless suspense," are not mere metaphors, any unnatural retardation of the respiratory act must be calculated to produce pulmonary congestion, and to take most effect in those parts of the lungs which in the ordinary condition are most actively engaged.

This may also be explained by the unfavourable effect produced by mental depression on digestion, and may thus predispose to various disorders. All these unfavourable influences may be regarded as producing their effect, first by deteriorating the supply of blood and secondly, by occasioning congestion of the lungs. Mental depression and bad air, in all probability, alike retard the respiratory act.

Blood in its healthy state shows an alkaline reaction, and this is greatly increased in the tubercular diathesis, and still more as the disease progresses; but one of the striking peculiarities of the consumptive tendency, is the increased quantity of water in the blood. Many months before any appearance of tubercle, or even suspicion of danger, the corpuscles, or blood globules can be seen floating in the increased serum, detached from one another, and lying in irregular order.—(Raney.)

So also may be observed, long in advance of marked constitutional disturbance, the greater acidulous action on the mucous surfaces, rendering the albumen more soluble, and more easily carried into the circulation, and mingled with the blood, thus pre-disposing to the formation of tuberculous deposit.

Dr. Hutchinson of the Brompton Hospital for consumption,

invented an instrument called the spirometer, for testing, by powerful inhalation of atmospheric air, the vital capacity. In some hundred cases examined, he found the average reduction after the second stage, or after softening has commenced, to be more than fifty per cent, whilst in the first stage, that before softening, about thirty per cent, from which he concludes, that when an individual expires his average quantity, it is fair to assume that he is free from tubercular disease; and when the quantity nearly approaches the average, we may reasonably conclude, that the tubercular disease, if existing, has made but little progress.

It is well known that the appearance of the gums indicates lead poison and other affections of the blood. This led Professor Thompson, to draw up a table showing this state in consumptive subjects, in which he shows "a mark at the reflected edge of the gums, usually deeper in colour than the adjoining surface, this mark, being in most cases a mere streak, in others a margin, sometimes more than a line in breadth. In the most decided cases, this margin is of a vermilion colour, inclining to lake, as a general rule, the line is most distinct around the incisor teeth, but it is frequently apparent also around the molars. Rainey's and Van der Kolk's plates exhibit cases where the discs, instead of retaining their proper outline, become stellaform serrated, or corrugated, especially cases which are proceeding badly. When these marks are more apparent, it is not uncommon to find hypertrophy of the border of the gum, suggesting an analogy to the tightened and deep coloured skin around the border of the nails, attending even slight degrees of clubbing of the fingers. The altered aspect of the gums seems to precede any obvious change in the fingers. The diffused inflammatory redness resulting from the administration of mercury, or other irritating medicines, is readily distinguishable from the clear defined border of the consumptive.

Thompson says, "I believe this line to have much diagnostic value in early, or still more in threatened phthisis, when unaccompanied by any other morbid condition adequate to explain its occurrence."

Though deficient and improper nourishment has much to do with the development of tubercle in after years, still we cannot overlook the natural tendency in the purely hereditary case, where the originating elements are first apparent in the mesenteric glands, when a disturbed and hurried function, a condition short of that which induces scrofula or enlargement, occasions an imperfect performance of their part in the formation of healthy blood. Healthy nutrition consists in the proper admixture of mineral, albuminous and oleaginous elements; or, as

they have been termed, carbonized and nitrogenized; or, as they are called by Liebig respiratory and sanguineous elements of food. This process can be entirely controlled from early childhood, and, therefore, much can be done by carefully regulating the proper supply of nutriment in the growth of any person when a predisposition to the disease exists.

Previous to the time for lung disease to be peculiarly manifested, there is what has been called the brain era, in which there is a tendency to tubercular deposit in the soft substance of the brain. Precocity, terminating in hydrocephalus is in such instances common; it is amongst such we find individuals pale and prematurely wise, "exhaling like the early dew before the morning sun."

It is in these cases that Mulder has pointed out the peculiar state of the blood, and that it is then subject to chemical changes and capable of being acted upon by chemical agents, such as the acids void of hydrogen as oxalic. Wood sorrel (*oxalis acetosella*) known to abound in oxalic acid, has been used beneficially in a very early day for those cases marked by the gums above described. These are cases bearing the clear stamp of hereditary tubercular consumption, engendered in infancy, fostered in childhood, developed in maturity—growing with their growth, and strengthening with their strength; and like the over-ripened fruit, proceeding to decay ere the bloom of perfectness has faded from its cheek.

Exudations may be produced in the lungs, the results of congestions entirely freed from any taint of the disease, but so completely simulating as almost to deceive the most skilled. For three or four years there has been a patient attending the Toronto Dispensary with extensive solidity of both lungs, incessant cough, excessive expectoration, and general symptoms of phthisis. Yet he continues coming with his bottle, and may continue to do so. This man, I need not tell you, has not pure tubercular deposit; it is a mere vascular exudation, and capable of being absorbed, though the deposit may be as constantly renewed. In his case, iodine, with gentle expectorants and cod liver oil to grease the wheels of his chariot, may enable him to finish his course.

I quote again, from Dr. Thompson, "the vehemence of cough bears no relation to the severity of pectoral disease. It is sometimes a symptom of hysteria, and connected with chest affection. When hysteria is associated with incipient phthisis, it will often be observed that it is remarkably modified in its pheno-



“ mena, not exhibiting its more common symptoms of globus hysteri-  
“ eus—laughing, crying, &c.; but by aggravation of cough, and even  
“ by capricious and inordinate hæmoptysis.” Stokes speaks of a pe-  
culiar deposit in typhus fever, producing a softening of organs, and is  
a matter of great practical importance. Tweedie holds the same views  
regarding bilious and common fevers, the result of congestions and  
exudations during the run of the fever. A case is mentioned by  
Dr. Crasse, of a patient who was affected with obstinate cough, in  
which there was a hereditary tendency to consumption. The aspect  
was rather unpromising, and there was dullness on percussion in the  
right subscapular region; but the absence of any tubercular element  
in the sputum, when microscopically examined, encouraged a favorable  
prognosis, successfully confirmed in the issue.

A few years ago, a patient from the west consulted me about a  
great suffering in his head, of two or three years standing. The marks  
of the free use of cupping were apparent on and about the temples.  
There was no cough or complaint of the chest. I could not detect any  
abnormal sound, but from the microscopical examination of the blood  
and sputum, I suggested the possibility of tubercular danger, and  
wrote this to his physician. He could detect nothing amiss with the  
lungs, and doubted the correctness of my diagnosis. In two years he  
died of consumption, and a *post mortem* showed nothing wrong in the  
head.

So also there is, as the result of pneumonia, extensive deposit,  
causing solidity, with softening, breaking down, expectoration, with  
destruction of great part of the lung, and at last carrying off the  
patient with night sweats, hæmoptysis, prostration and decay. These  
cases are sometimes called acute phthisis, running their course rapidly,  
either checked by proper treatment or ending in dissolution in a few  
months, though some cases have been prolonged into years. The  
pathology of all such cases is perfectly understood, and the treatment  
clearly enough laid down, nor is there any peculiar or extraordinary  
change in the blood, to produce a deposit like the proper tubercle,  
causing, as it does, destruction of adjoining tissue from its abnormal  
elements; not by ordinary inflammatory action, ending in pus forma-  
tion, but in a peculiar process described by Liebig, as distinct from the  
process of decomposition, named fermentation and putrefaction, but  
not less striking in the changes which occur. A slow combination or  
oxydation, — a gradual combination of combustible elements of the  
body to which he applies the term *Eremacausis* or decay—the conversion

of wood into humus—the formation of acetic acid out of alcohol, are cited as of this nature. There is no example of carbon combining directly with oxygen at common temperatures, but numerous facts show that hydrogen, in certain states of decomposition, possesses this property, (Leibig), though distinct from putrefaction, there is no doubt a similarity which enables them to replace one another. All putrescent bodies pass into a state of decay when exposed to the air; and all decaying bodies into that of putrefaction when air is excluded. All bodies, likewise in a state of decay, are capable of inducing putrefaction in other putrescent bodies. By this process alone can we properly account for the softening and destruction of tubercle.

The symptoms are unfortunately but too well known. One of the first is difficulty or irregularity of breathing. "Healthy respiration," Dr. Marshall Hall says, "is performed with ease and freedom, and without the aid of auxiliary muscles in any of the usual positions of the body." It is effected by a nearly equal elevation of the ribs and depression of the diaphragm, except in females, in whom the thorax is observed to move more than in males. Each side of the thorax moves also in an equal degree, and inspiration and expiration occupy nearly equal spaces of time, which, varying as they are given by different authors, may be set as eighteen in a minute.

A quick pulse with increased temperature—anæmia, with loss of power—loss of weight—general emaciation, with a feeling of incapacity—causing the poor sufferer to be accused of laziness or idleness, may be suspected as foreboding symptoms. However, the chief and almost only indication is the hereditary taint and the age at which disease has appeared in the family.

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## CORRESPONDENCE.

(To the Editor of the Canada Lancet.)

SIR,—In your last number I read with satisfaction your comments upon the "contemplated Medical Act" for the Dominion, and cheerfully endorse many of the points by you so ably discussed. I received a copy of this Act and find a defect in clause XLIII. similar to that existing in the now "Medical Act" for Ontario, that is, in default of payment of the fine imposed that no penalty is attached such as imprisonment for ——— days. This, Sir, I would consider a very essential amendment to the clause, for many, in fact the major

rity of those infringing upon the law, and that clause in particular are travelling Quacks, from whom you cannot collect, after conviction, the penalty imposed, and who may snap their fingers at you and say, "go as far as you can, I have nothing you can touch." The money which they swindle out of the poor dupes who consult them (many of whom are to be found in every community) is pocketed and therefore beyond the reach of the law. A similar amendment I see was adopted to the clause immediately preceding, but it is just as necessary to the one to which I have reference.

Again, I would suggest the propriety of amending clause XLV, by having it read thus after the word paid "one half to the informer, and the remaining one-half to the Treasurer of the General Council." The great necessity for this is to offer an inducement to parties outside of the profession, for popular sympathy would be very readily extended to the victim of the law and against any member of the profession, more particularly, if he were the informer. The general council could name a party as preventive officer in each electoral division or district, similar to those appointed by county councils to afford protection and enforce their laws.

Yours,

A PRACTITIONER.

Glengarry, May 13th, 1871.

(To the Editor of the Canada Lancet.)

DEAR SIR,—At the quarterly meeting of the "County of Perth Medical Association" the contemplated Dominion Medical Act was made the subject of discussion, and after having been thoroughly discussed it was unanimously resolved, "that in the opinion of this Association it is undesirable to have any further medical legislation in Ontario for the present." Many considered it desirable to have a Dominion Act in due time, but thought that as the Ontario Act was serving a good purpose in hugging Homœopathy and Eclecticism to death, it would be unwise to interfere with it until people had learned to see that no student, with his head in the right place, would desire to be examined in these systems, when he can just as easily pass the regular examination. In fact, should he prefer these systems, he is at liberty to treat his patients in any way in which he thinks he can cure them the quickest, even if he has passed the regular examination.

A. EBY, M.B.

Sebringville, May 14th.

## DEATH FROM ETHER.

In the May number of the *Lancet*, I observed an article under the above heading, and perhaps in this connection the following may not be uninteresting, though it is very imperfect, as I write from memory.

In September, 1863, while attending the Pennsylvania Hospital in Philadelphia, a woman was brought into the operating theatre to have a large tumor removed from one of her cheeks. She was etherized, and considerable progress had been made in the operation when the woman suddenly died. A *post mortem* examination was made, I think by Dr. Pancoast, but no cause of death was found; no explanation as to the probable cause of death was given, and it seems never to have entered the mind of any one, that the woman died from the inhalation of ether. The Americans at that time held that ether would not cause death, *ergo* it would have been absurd to hold that the ether had caused death in this instance.

No public report of the case was made, but it was impressed on my mind as a case of death from ether. I had previously seen a case of death from chloroform in the Toronto General Hospital, and the similarity of the death in both cases was so great that it struck me at once that the cause must have been similar.

A. E.

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(To the Editor of the Canada Lancet.)

SIR,—Your classical correspondent who wishes to conceal himself behind the signature *Omicron* has, in his attempt to be critical, mentioned some of the articles one should have in his "kit," who sets out to travel on his way to "surgical distinction," so that he may neither stumble nor fall by the way. Perhaps he will permit me to add to the list given by him. Besides "a proper pilgrim's staff," I would suggest a strong pair of leg boots: they will serve to protect his feet from the "hard road" so that he will not be so likely to fall—fall it may be among thieves; not certainly thieves who would steal "trash," but who would not hesitate to try to "steal his good name." The leg boots would be further useful in two ways; one of these need not be mentioned, the other is by protecting the heels from any consequential cur that might pop out from behind the fence to snap at him.

But, sir, Omicron is unnecessarily concerned about my "aspirations to surgical distinction." My ambition consists in trying to discharge my duties to the best of my ability. Since I became a member of the medical profession, 17 years ago, I have pursued this course, with a share of success and of failures. I may not have attained to the distinction I will suppose Omicron has secured, but I have, at least, this satisfaction, that I have never sought reputation by trying to defame another.

With respect to the case in question, although I have no occasion to shrink from the responsibility that belongs to me, I feel it right to say that the course I took was not contrary to any advice I was favored with. As to the question in pathology, about the position of the stone when removed, the "graphic illustration" supplied seems singularly appropriate to the case. I can imagine the blank surprise which would have rested upon the face of Omicron's Hibernian friend, so fresh from the Milesian fields, had he been told that a stone swallowed could not fall directly into the bladder, and I fear that the former "student of Sir William Ferguson" will catch for his "bated breath," when I say that the merest tyro in pathological anatomy can easily understand how a stone, gradually increasing in size, may dilate the neck of the bladder, even to the dimensions of a billiard ball.

I regret, Mr. Editor, that the necessity has been laid upon me of replying to an anonymous personal attack. While I have given the attack such attention as it seemed to deserve, it would have been a pleasure to have answered a manly and courteous enquiry over any gentleman's name.

Yours, &c.,

WM. CANNIFF.

Toronto, 17th May, 1871.

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## A CASE IN PRACTICE.

To the Editor of the *Lancet*.

SIR.—On the 10th of March last, Thomas W., aged about 23, called upon me to seek relief from a very "severe" affliction, as he stated.

According to his own statement, some months ago, while residing in Albany, N.Y., he contracted a severe form of syphilis; but

consulting one of the learned physicians of that place, and adopting his mode of treatment, he considered himself cured. Soon after his return to Canada, however, the disease again appeared in redoubled fury. He now complained of numerous excrescences which had made their appearance upon and around the perineum, buttocks, and scrotum, some of them even extending to the vicinity of the groin. Upon examination, I found these excrescences exceedingly large, being about the dimensions of a medium sized almond. Of these, the free portion exceeded in size the adherent, giving to the tumors a pedunculated aspect. From the friction to which they were exposed, they were very irritable, and so sensitive that the patient was able to walk only with exceeding difficulty, being obliged to assume a crouched position, and move with extreme caution. They were humid, and secreted a muco-purulent fluid, of most disgusting odor, rendering approach to the person extremely disagreeable. This fluid was copious in quantity, and seemed to be increased by the irritation to which the excrescences were continually exposed, and the secretion of this discharge also seemed to foster the growth of the disease. These growths I considered as *condylomata*, and proceeded to the treatment accordingly. From the nature of the case, I found it necessary to employ both constitutional and local measures.

The *constitutional* treatment was as follows : I first prescribed a brisk cathartic, consisting of Leptandrin, Podophyllin, and Hydrargy. chloridi mitis. This acted freely on the bowels. After this preliminary, I ordered the following :

R

Hydrarg. Bichloridi grs. v.

Potass. Iodidi. grs. c.

Aqua. Pura. iv. oz.

Infus. Quassia. viii. oz. Ft. Mist.

Sig : Coch. mag. ter die.

As the patient complained of immense pain, sufficient to disturb his slumbers, I found anodynes indispensable, and accordingly prescribed Cypripedin and Hyoscyamus, which served the purpose admirably.

As the susceptibility to this gradually wore off, belladonna was substituted, and finally opium, in half grain doses, increased to one grain at bedtime, given in pill form.

The compound of potassium iodide, and mercuric chloride, was alternated with the following, which I have found to serve a most admirable purpose, as an anti-syphilitic, even where potassium, iodide and mercury have apparently proved ineffectual. It is this :—

R.—Stillingin, grs., xxx.\*

Corydalin, grs., xxv.

Podophyllin, grs., ii. M Ft. chart, No. 15.

Sig: unam ter die.

The *local* treatment adopted consisted of thoroughly cleansing the parts with tepid water, thrice daily, and an application of dilute nitro-muriatic acid or chromic acid once in the twenty-four hours ; the latter is to be preferred. Complete rest, as nearly as possible, was enjoined, and in the intervals after each application of the acid, the patient was ordered to dust the parts with *creta preparata*, or with zinc carbonate. The whole was to be confined with a bandage. To neutralize the fetor of the discharges, Liquor Sodæ Chlorinatæ was used.

In addition to the above, the bowels were occasionally cleansed with a compound of Leptandrin, Podophyllin, and Mercurous chloride.

Under the above treatment, the patient has made a rapid recovery, and is now enabled to resume his vocation. The treatment is still continued, and will be for some time after every vestige of the disease has disappeared, to prevent a relapse.

J. G. CORNELL, M.D.

Toledo, May, 1871.

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\* *Stillingin* is the active principle of the *Stillingia sylvatica*, commonly known as Queen's delight, a remedy which has long had the reputation of being one of our most powerful alteratives. *Corydalin* is the active principle of *Corydalis Formosa* (staggerweed). It combines most energetic alterative and resolvent powers with exceedingly valuable tonic properties, neutralizing and deterging, and promoting depuration, at the same time giving tone to the various organs concerned in the performance of these functions. With the properties of Podophyllin, the "Vegetable Calomel," all are sufficiently well acquainted.

# The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

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*Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto*

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TORONTO, JUNE 1, 1871.

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## VACCINATION.

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As we are at present threatened with an epidemic of small-pox, the subject of vaccination forces itself upon our attention. There can be no doubt about the efficacy of vaccination as a preventive of small-pox, and therefore the question that naturally arises is, how can it be best carried out?

There is a class of individuals that may be called vaccino-phobists who object to vaccination on the ground that not only does it not afford protection to the individual, but is also in many instances the means of producing irreparable injury to the system. It would seem scarcely necessary to notice such foolish objections, but if anything were wanting we have only to refer such persons to the reports lately published on this subject. Dr. Bridges of the Temporary Hospital for small-pox, at Hampstead, Eng., states that of 280 patients admitted during the late epidemic, 196 had been vaccinated and 84 were unvaccinated; among the vaccinated 8 deaths occurred or four per cent., while among the unvaccinated 27 deaths occurred or thirty-two per cent.

Dr. Cortis, a member of the Metropolitan Sick Asylum Board, mentions in support of vaccination, that out of 200 patients admitted into the Hospital, one-third of the deaths occurred among those who had not been vaccinated. While among those who had been vaccinated only one in twenty-four fell victims to the disease, and they were chief-



ly among those advanced in life, and who had partly lost the protecting effects of early vaccination. And Mr. Simon medical officer of the Privy Council, Eng., in his report to the Parliamentary Committee on Vaccination, mentions that in Rotterdam, with a population of 121,000, the deaths from small-pox per week were 116. At the Hague with a population of 92,000, a still higher rate prevailed, viz: 121 per week. This great mortality was owing to the fact that in Holland the vaccination of children was deferred until they were over seven years of age.

In order to prevent the spread of an epidemic, stringent rules should be observed and enforced, and public vaccinators appointed in all towns and villages. In Toronto the matter has been taken up by the Council, and public vaccinators appointed, one for each ward, and the authorities of other cities, towns, and villages should do likewise. But while every facility is made for the proper and careful performance of this duty, by the appointment of medical officers, an effort should also be made to enforce parents and guardians to present their children for vaccination.

It is generally believed that the best time for the vaccination of infants is about the sixth week. This period for vaccination is rigorously enforced in London, Eng., unless from the extreme delicacy or ill health of the child, it cannot undergo the operation. Hebra states that in Vienna it is the custom to vaccinate in early infancy, and that infants of ten to fourteen days old are often vaccinated without any injurious effects being observed, and he also advocates vaccination at this age. He seems to think that several marks are not necessary in order to secure the person against small-pox. Whilst other writers, especially English, consider that three, four or more vesicles are absolutely necessary to afford protection. Many good practitioners are of the opinion, however, that it is not so much the number of vesicles, as the successful nature or perfection of the vesicle which affords the best security. Great care should also be exercised in the selection and preservation of vaccine matter. The seventh or eighth day is usually considered the best time for the selection of lymph for future use, and this may be done by putting it between square plates of glass, or on ivory points or points made from goose quills, or by hermetically sealing it in capillary tubes, care being taken that the lymph may not be destroyed by heat. Crusts are the most convenient form for general use in the country, but great care should be taken in their proper preservation; they should be first enveloped in fine tin foil and bibulous

paper then coated over with wax, and afterwards covered again by tin foil, and kept in a moderately cool place. They should never be carried for any length of time in the pocket, as the heat of the body will be certain to affect them by producing a kind of fermentation or decomposition, and accidents have not unfrequently occurred from vaccination with such matter. The lance, which after all is preferable to any other instrument, should be perfectly clean and sharp.

Some have supposed that lymph when transmitted from arm to arm for many years, or what is called long humanized, loses its effect to some extent, and therefore it is recommended to renew it occasionally from the cow. This is a very important subject, and one regarding which there appears to be a good deal of difference of opinion, and in the present state of our knowledge it would seem to be the wisest and safest course to renew occasionally. Humanized virus, which is two or three removes from the cow, would seem *ceteris paribus* to be most certain in its action, and therefore best calculated to afford protection.

The subject of revaccination is another subject which has lately engaged the attention of the medical profession in England. Mr. Simon, the medical officer of the Privy Council, has recently published an important memorandum on this subject. He believes that, by a successful vaccination in infancy, most persons are insured for a lifetime against an attack of small-pox: and that, in the proportionally few cases where the protection is less complete, it will, on account of the vaccination, be generally so mild as not to threaten death or disfigurement. There is, unfortunately, a vast amount of imperfect vaccination, and consequently every population contains many persons who, though nominally vaccinated, are liable to the disease. It is, therefore, advisable that all persons who have been vaccinated in infancy, should, as they approach adult life, be revaccinated. The best time for this is when growth is about completing itself, that is, from fifteen to eighteen years of age. If, however, there is prevalence of small-pox in the neighborhood, or if individuals are exceptionally exposed to infection, the age of fifteen should not be waited for, especially in the case of young persons in whom the marks of previous vaccination are unsatisfactory. Revaccination, once properly and successfully performed, does not appear ever to require repetition. In proof of this assertion, he states that the nurses and other servants of the small-pox hospital, when they enter the service, are invariably revaccinated; and so perfect is the protection that, though the nurses are in constant attendance on the patients, and the other servants are in various ways

exposed to the contagion, during thirty-four years there has never been known an instance where any one of them has ever contracted this disease.

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## THE CONTEMPLATED MEDICAL ACT.

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In our last issue, while we drew attention to this Bill, and pointed out the injustice of the proposed scheme for the constitution of the new Medical Council, we stated that certain amendments adopted by the Canada Medical Association were somewhat more impartial, yet we are quite satisfied that even these do not comprise that measure of justice which the profession of Ontario is fairly entitled to, for though we are quite willing to accept the *amended* scheme for the representation of the schools, we are not sure the representation accorded the *profession* will give satisfaction.

We do not think it just that Ontario with *fifteen hundred* medical practitioners and six Medical Institutions, should be confined to the same representation in the Medical Council as Quebec with *six hundred and sixty-four* medical men and four Medical Schools. We now leave the matter, however, with the profession, fully convinced that without a representation more in accordance with numbers, the "contemplated Act" will not be cordially accepted by Ontario, and will fail to secure adoption by our Local Legislature, which is necessary, to make it operative in this Province.

The Association at Ottawa wisely condemned the establishment of branch Councils, as we think all the functions allotted to them, can be more economically and quite as efficiently performed by small committees appointed from the General Council.

In clause 15, it is provided that the "general treasurer, and general registrar and secretary, shall likewise act as treasurer, and registrar and secretary, for the Branch Council of the Province of Quebec," thus fixing and centralizing the most important and influential offices, and the controlling power of the General Council, permanently in the Province of Quebec.

Why Ontario or the Eastern Provinces should thus be at the outset, permanently debarred by Act of Parliament, from the possession of these offices we cannot imagine.

We know, however, that this attempt to identify the General Council and the Quebec Branch Council, while the other Branch

Councils are made to appear as mere tributaries or subordinates, will militate very strongly against the acceptance of the measure.

Again, the establishment of three separate and distinct examining Boards, *with concurrent and intercurrent jurisdiction*, cannot be too strongly opposed. One portal only, is all that should be thought of in connection with a Dominion Bill. This is what the British profession is now striving for; this is what Ontario has obtained after a protracted struggle, and this is what a Dominion Bill *must* contain, before it will be accepted by the Ontario Legislature and profession, instead of the Bill which is now working with such satisfactory results in this Province.

It has occurred to us, however, in view of the wide extent of our Dominion, and the great distance students would often have to travel for examination before a single Dominion Board, and the large expense thus entailed upon them at a time when they can badly afford it, that probably an independent Council, and a single examining Board for each Province, exercising jurisdiction over all candidates for license to practice within each Province respectively, and *only*, might be, after all, the most feasible, economical and satisfactory.

Each Province would then control the licensing of all persons wishing to graduate within its limits, and one Province could not be accused of flooding another with incompetent or ignorant licentiates.

Ontario has one portal of entrance to her profession. Let Quebec and the Eastern Provinces establish similar Councils and Boards, and compel all candidates for license to practice in those provinces, to pass their respective Boards, just as Ontario does now, and as we hope she will continue to do.

We would allow candidates from the schools of one Province to present themselves for examination before the Board of any of the other Provinces, and perhaps from other than provincial institutions, without insisting upon attendance on lectures in the section where the examination may be held; but we would limit the power of the license, to that Province in which it might be obtained.

If our Sister Provinces wish to elevate their profession and to obtain local Bills, establishing for themselves single examining Boards, we will gladly afford them any assistance in our power, either by way of counsel, encouragement or example. If *they* can obtain medical Bills free from those features which are said to mar the perfection of ours, we will rejoice in their success; but *we* could not.

We are satisfied, however, that time alone is required to enable our Ontario Bill to accomplish all that any well wisher of the profession can desire in the way of purification.

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## REMOVAL OF THE KIDNEY.

A case is recorded in the *American Journal* of Obstetrics of the successful removal of the kidney in a colored woman, aged 35 years, by Dr. J. T. Gilmore, Mobile, Alabama.

Following her first pregnancy, 4 years ago, an indistinct tumor appeared in the upper part of the left lumbar region, and was attended with considerable pain. Within the past 4 or 5 months the pain was so severe that the patient sought relief at all hazards. An incision was made along the outer border of the erector spinæ, and on cutting down, the kidney was found in a kind of hernial sac in the quadratus lumborum, lying on the transverse processes of the first two lumbar vertebræ: its upper extremity corresponding with the last rib. Only one vessel required ligating. The kidney was much atrophied, and the writer supposes that it had been displaced by the pressure of the gravid uterus in her first pregnancy, and compressed against the parts above mentioned. The woman—a negress—was 5 months advanced in pregnancy at the time of the operation, but recovered without abortion or any untoward symptom.

A case was recorded some time ago of a successful operation of this kind by Dr. Simon, of Heidelberg, for the relief of an incurable urinary fistula, caused by a wound of the ureter, made during an ovariectomy. The success attending this case stimulated Dr. Gilmore to undertake the above operation.

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## TRINITY COLLEGE MEDICAL SCHOOL.

Tenders have been advertised for the erection of the Medical School in connection with the University of Trinity College. This building, which is to be situated near the Toronto General Hospital, will be a plain white brick, two story structure, 74 feet long by 38 feet wide. On the ground floor will be the lecture room, 35 feet

by 40 feet, with circular seats elevated towards the rear : and also a waiting-room for the students, faculty room, and museum. The lecture room will be the height of both floors, and the remainder of the second floor will be used as a dissecting room. In the basement will be the laboratory, the prosecuting room, care-taker's apartments, &c. We will give a woodcut of the building in our next issue.

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### MEETING OF MEDICAL SUPERINTENDENTS OF ASYLUMS.

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The annual meeting of the American Association of Medical Superintendents of Lunatic Asylums, will be held in the city of Toronto during the present month. A large and influential gathering is expected, and matters of great importance with reference to the treatment of this unfortunate class of patients will be discussed. Delegates have been appointed from all parts of the States, and also from the various asylums in Canada. We hope they may have an interesting meeting, and one that may prove mutually profitable to all concerned.

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### MEETING OF THE MEDICAL COUNCIL.

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We would again remind our readers of the meeting of the Medical Council of the College of Physicians and Surgeons, Ont., which is to take place in this city, on Tuesday, the 6th inst., at 12 o'clock, noon.

The weather is much more pleasant now than it was a month ago, and as it is generally a slack season, the representatives will have more time to deliberate on the various subjects which may be likely to engage their attention. We trust they will enter heartily on the business entrusted to them, and make such changes and improvements in the working of the Council as will be satisfactory to the profession generally. An interesting and profitable session is confidently expected, and it is our intention to give a full report of the proceedings in the next number of the LANCET.

TO ADVERTISERS.

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We would especially desire to call the attention of advertisers to the great facilities afforded through the medium of the advertising columns of the "CANADA LANCET," for bringing their wants, or business and educational announcements, under the notice of the medical profession. Our present circulation is greater than the combined circulation of all other medical journals, Home, and Foreign, now circulating in the Dominion of Canada. We have on our subscription list, the names of nearly all medical men of note in this province, besides a respectable number in the lower provinces, in which we are rapidly extending our circulation. Of the 1500 medical men in Ontario, we find no less than 1300 on our list. This we consider a very large proportion, when it is remembered that there are about 150 Homœopaths and Eclectics, many of whom are not subscribers to the "LANCET."

In consequence of the increased and increasing pressure on our advertising columns, we have been reluctantly compelled to advance our rates of advertising about 50 per cent. This, we have done in order to compel advertisers to condense their announcements within smaller compass. It is not necessary to put advertisements in large black letters with wide spaces as blind men never read them at all events.

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HUNTER vs. OGDEN.

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We are informed that this case is again to be brought before the courts. For the benefit of those who may not have seen the report of this trial in the December number of the "LANCET," we may briefly state the main facts of the case. The plaintiff, (Hunter,) sued Dr. Ogden, at the fall Assizes, 1870, for breach of contract, in failing to visit his wife in her confinement, at a certain hour, in consequence of which, her labor was prolonged, the child lost, and insanity of the mother produced. Damages were laid at \$3000. The defendant showed in evidence, that he did not promise to visit at a certain hour, that the labor (footling) was a comparatively short and easy one, and that insanity was hereditary, and had manifested itself, during gestation. A great many witnesses were called for the defence and the trial lasted two days. The jury returned a verdict for the plaintiff, with \$500 damages. Subsequently, an appeal was taken to the court of Queen's

Bench, and the damages reduced to one shilling, each party being ordered to pay his own costs. The verdict of the jury was set aside by the Judge, on the ground that Hunter could not recover, on account of alleged injuries to his wife, and this new action is entered in the name of Hunter and wife.

The re-opening of the case now looks more like persecution than anything else we can compare it with, and we feel that Dr. Ogden who is manfully fighting the battles of the profession, should have not only our moral sympathy, but also our active assistance and co-operation. These suits, many of them utterly frivolous and vexatious, are becoming too uncomfortably frequent, to be treated with coldness and indifference.

We trust that some measure of relief may be afforded by legislation or otherwise, from the thralldom, in which the profession is now placed with reference to such annoying suits.

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### DEFECTS IN THE MEDICAL ACT.

There is one glaring defect in the present medical act for Ontario, which it would be well to have remedied at as early a date as possible. Several convictions have been obtained from time to time within the past two or three years, against persons practising without a License or proper Diploma; but it appears in the first place, that under the present act, the amount of the fine cannot be collected, and secondly, that as there is no imprisonment in default of payment, the peripatetic Quack who has nothing at stake in the country, can carry on his vocation in defiance of the law. This is not as it should be, and we trust, that some effort will be made to have this defect remedied.

We have received numerous communications from prominent members of the profession, in different parts of the country, calling our attention to this matter, and we therefore, take the earliest opportunity of making public reference to it. It is very desirable, that every protection should be afforded those practitioners, who have complied with the requirements of the act; and every form of humbug and quackery, should be put down by the vigorous enforcement of the law, and if it has been found inadequate to meet the demands of justice, it is high time to make the necessary improvements.

We trust, the Medical Council will take some action with regard to this matter at their next meeting.



## NEW TREATMENT FOR SMALL POX.

Dr. J. J. Garth Wilkinson, of London, Eng., has called the attention of the medical world to a new method of treating small-pox, which he has tried in four cases of varied degrees of violence, with complete success. In these cases he used *hydrastis canadensis* and *veratrum viride* both internally and locally as a lotion. The former, he says, extinguishes the varioloid poison, while the latter subdues the inflammation and primary fever. With regard to diet, he advises a judicious use of brandy and water, claret, Carlowitz or Hungarian wines (port when the patient has begun to amend), beef tea and (in convalescence) fruit. He claims for this treatment that it abridges the duration of the disease, makes it almost painless, subdues the inflammation and primary fever, annuls the secondary fever, checks pustulation, prevents itching and stench, and saves the patient from any but the slightest pitting. He also claims for the *hydrastis* that it is an effective prophylactic or preventive to ward off the approach of the disease. He has published a pamphlet on the subject, which has attracted much attention in London, and will no doubt have a wide circulation among the profession. The plant named *hydrastis canadensis* is found within the limits of New York State, and probably elsewhere in the United States and Canada, and its tincture is made and sold for medicinal purposes. The plant is popularly called orange root, and sometimes yellow puccoon, but it must not be confounded with another plant commonly called puccoon.

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Selected Articles.

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## GYNÆCOLOGICAL NOTES.

BY ROBERT BARNES, M.D.,

Obstetric Physician, and Lecturer on Midwifery and Diseases of Women and Children, at St. Thomas's Hospital.

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IS IT RIGHT TO VACCINATE OR REVACCINATE PREGNANT WOMEN?

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The question has frequently been put to me, Is it right to vaccinate pregnant women? Some persons seem to entertain the apprehension that pregnant women incur special and serious risks under vaccination. To justify exceptional neglect of vaccination in their case, it ought to be shown, not only what this special risk is,

but also that it is more serious than the risk incurred by the women themselves by taking small-pox, and thus of propagating the disease to others. The community as well as the pregnant women must be considered.

To make out, then, a case for special exemption, it ought to be shown that the pregnant woman incurs a particular danger. Where is the evidence of this? The following passage from Dr. Meigs's work on *Diseases of Females* (1848) has been cited to me as authoritative in this matter. "Do not," says Dr. Meigs, "vaccinate women when pregnant. I have been the witness of dreadful distress from the operation. Eschew it, I entreat you." It would be very desirable to have the cases justifying this very emphatic assertion recorded. I fear there is some confusion in the matter. Thus, asking for evidences of mischief, as of abortion, from vaccination, I have been told of abortion and serious illness following small-pox. I do not doubt that small-pox is a most serious accident to a pregnant woman. But does it not follow, *à fortiori*, that pregnant women should be protected against small-pox?

My own experience has supplied me with many illustrations which warrant the following propositions.

1. Pregnant women living under epidemic or zymotic influences are more prone to take the prevalent morbid poison than others.

2. Having taken a morbid poison, they are less able to throw it off. Their excreting organs, charged with the double duty of purifying two organisms, are liable to break down under the additional burthen.

3. The morbid poison then pursues its course in a system which is less able to resist its injurious action. Abortion and a most dangerous form of puerperal fever are very likely to follow.

Against this certainly greater risk of taking small-pox, and certainly greater severity of the disease if taken, what, I ask again, is the special danger of vaccination or revaccination? The operation, we know, is not altogether free from danger in adults of either sex. Before resorting to it, it is wise to get the system into good condition. Do pregnant women run more risk than other adults? Probably they are at some disadvantage. But I believe that the special dread of abortion is exaggerated, if not altogether unfounded. The healthy ovum clings to a healthy uterus with wonderful tenacity. An ordinary illness, much less the slight febrile disturbance of vaccination, will not affect this relation. On the other hand, slighter causes may precipitate an abortion already imminent.

So far is vaccination from causing abortion, that cases are known in which the foetus has gone safely through the vaccine disease *in utero*, so that it has subsequently been proof against vaccination.

I think, then, we may conclude, in the absence of decisive evidence of special danger, that pregnant women are entitled to equal protection against small-pox with the rest of the community; and that vaccination or revaccination should be practised on pregnant women, in their own interest, as well as in that of the community of which they form a part.

The opportunity afforded by the present epidemic of settling this question by the evidence of facts on an extensive scale should not be lost. A Zymotic Committee will, I believe, be appointed by the Obstetrical Society. The relations of zymotics to pregnancy, including the influences of vaccination, is just one of those subjects which the collected experience of many practitioners can alone satisfactorily determine.

To show how urgently the particular question under discussion calls for determination, let me cite the contradictory views expressed to me by two of the most experienced and successful public vaccinators in London.

A. says: "I have never had the moral courage to try the effect, although I have very often been tempted to do so. There is a strong feeling in the minds of women against the practice; and the fear of an action in the Court of Queen's Bench has hitherto deterred me from trying the experiment. I have frequently asked the question you now put to me, but have never had a satisfactory answer."

B. says: "I have only vaccinated four pregnant women, and nothing unusual has occurred with either of them. I do without hesitation recommend it, and intend vaccinating all the pregnant women in the workhouse. I have at the present time two women in an advanced state of pregnancy in the infirmary, suffering from variola; and one convalescent from the disease, having gone through the semi-confluent form without aborting."

Is A. right? or is B. right?—*British Medical Journal*.

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**ADULTERATION OF LARD.**—Some time ago, the stock of prepared lard being exhausted, a quantity was procured from a respectable pork-dealer. It was beautifully white; so much so, that the writer was led to question his ability to produce anything

equal to it. The first trial was in preparing ointment of nitrate of mercury. The color, when the mercurial solution was added, was the reverse of citrine, indeed, decidedly saturnine, developing in a short time to a full slate color. Surprised at this unprecedented result, the usual precautions having been taken as to temperature, etc., the lard was suspected, and, on examination, was found to contain a large proportion of lime. Some time after, being in conversation with a lard-renderer, a hint was dropped as to the relation of lime to color, when the information was confidentially imparted that a common practice among lard-dealers was to mix from two to five per cent. of milk of lime with the melted lard. A saponaceous compound is formed, which is not only pearly white, but will allow of the stirring in, during cooling, of 25 per cent. of water. So much for appearances.—*Canadian Pharmaceutical Journal.*

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### CARBUNCLES.

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As carbuncles often follow each other in the same patient, anything that promises to arrest them would be gladly tried by the sufferers. Dr. Marcet suggests in the "*Lancet*" a ready method, provided it be employed as soon as the small vesicle appears on the skin.

He says:—"If the carbuncle be allowed to proceed, say, for twelve hours beyond its very first appearance, it will run its usual course; but its progress may be arrested by the early destruction of the vesicle and its contents by means of the cauterising action of heat. I have adopted many plans to effect this purpose; but the simplest of all, and one which may be considered as always at hand, is the use of an incandescent lucifer-match. The vesicle is to be merely touched, for a fraction of a second, with the red-hot point from five to seven or eight times in succession, when it assumes a dull-whitish appearance from the coagulation of the albumen it contains. The end of the hot wire may also be used. The pain of the operation is really trifling, and it will save from a week to a fortnight's suffering. I have repeatedly applied this form of actual cautery to myself, and shall not hesitate to do so again if necessary.

"In general, within four or five hours after the operation, the pain from the incipient carbuncle has in a great measure disappeared, and there is an end to it. It may happen, however, that the carbuncle

at its origin, is deep under the surface of the skin, when no vesicle appears. I have not been so successful with the use of the actual cautery in these cases as in the others; but probably, had the cauterisation been carried deeper, the mischief might have been arrested."

Dr. Marcet has tried nitric acid, and nitrate of silver, but found them unreliable. He thinks the early vesicle may contain a virus, by destroying which the disease is nipped in the bud. This simple mode is likely to be tried further.

Dr. J. C. Nott, in the *New York Medical Journal* for January, records a case which he says is "the only real abortion of a carbuncle he ever saw." It was three inches in diameter, and involved the tissues very deeply. He made a deep incision of one and a-quarter inches, and stuffed it with cotton saturated with pure carbolic acid, and also painted the whole hardened surface with the remedy. Dr. Nott says:—The patient complained of a sharp burning sensation for a few minutes, when the pain subsided completely. The cuticle, by the next day, came off, and the surface looked like a burn. After the first few minutes he was free from pain, and never complained of any afterward. I continued every day for a week to insert the acid, in the same way, into the cut, which sloughed all around to the depth of one-eighth of an inch; the surrounding inflammation and induration subsided rapidly, and in a week there was nothing left to treat, but the small open wound made by the knife and acid. Three other small carbuncles commenced, an inch or two from the large one; they were all treated by incision and the acid, and they all aborted."—*The Doctor*.

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DISINFECTANTS.—The Chemical Society of Berlin has published a list of the most approved disinfectants, and the degree of concentration in which to apply them:

*Permanganate of Potash*.—One part of the pure salt is dissolved in one hundred parts of water. Where the crude material is used, five to ten parts of it to one hundred of water will suffice. This disinfectant acts upon liquids, and has little effect on solids.

*Carbolic Acid Water* is obtained by dissolving one part of pure crystallized carbolic acid (which can be rendered fluid by immersion in hot water) in one hundred parts of water. Crude carbolic acid should be taken in double the quantity.

*Carbolic Acid Powder* is prepared by mixing one hundred parts

peat, gypsum, earth, sand, sawdust, or charcoal powder, with one part carbolic acid dissolved in water. Double the quantity of crude acid must be taken.

*Carbolic Acid Wash.*—Mix one part carbolic acid with one hundred parts milk of lime.

*Chloride of Lime.*—One part in one hundred of water.

*Solution of Metallic Salts.*—Better to prepare saturated solutions in water and frequently stir.

*Suvern's Mass* is composed of one hundred parts of slaked lime, fifteen parts coal tar, and fifteen parts chloride of magnesium dissolved in water.—*Journal of Applied Chemistry.*

CAUTERIZATION IN DIPHTHERIA.—In the 48th *Versammlung Deutsche Naturforscher und Aerzte*, Dr. Schuller stated that he had entirely abandoned cauterization of the pharynx, larynx, or conjunctiva in diphtheria. In numerous cases he had, as a crucial experiment, cauterized only one side of the fauces, and he had always been led to the same conclusions:

1st. That the membrane remained attached longer on the side which he had cauterized than on the other.

2d. That even the most energetic application of nitrate of silver failed to arrest the reproduction or to prevent the extension of the membrane.

3d. In some cases serious tumefaction and inflammation of the cervical lymphatics followed the application of the caustic.

In these views he was supported by Ebert, Stiebel, Cohen, Rineecker, and others, who direct the use of small pieces of ice to be constantly allowed to melt in the mouth, and employ a gargle of potass. chlor. alcohol, potass., permang., carbolic acid, etc.—*Medical Times.*

ADDISON'S DISEASE.—What is Addison's disease? At first the primary disease was considered to be in the supra-renal capsules, but it was soon found that all the symptoms of Addison's disease might be where no lesion of the supra-renals was discovered after death. The capsules have, on the other hand, been diseased when no symptoms have existed during life. Moreover, the capsules have no special nervous apparatus. Excision of the capsules in animals is not followed by the symptoms of Addison's disease. The sympathetic nervous system

has been blamed, but the known functions of the sympathetic give no countenance to the theory, while the semilunar ganglion of animals has been sometimes extirpated without giving rise to the phenomena that have passed under the name of Addison's disease. Dr. J. M. Rossbach, of Wurzburg, has collected a number of cases upon which he contributes a singular paper in *Virchow's Archiv*. Observing that many nervous symptoms and interference with the mental faculties are usually reported from the time of Addison, who referred to a peculiar mental change as constantly to be noticed, Dr. Rossbach suggests that Addison's disease is clearly related to hysteria. Both present prominent nervous and mental phenomena. In the one case the uterus is usually affected, in the other the supra-renal capsules. Addison's disease is then, says Dr. Rossbach, a neurosis, that is to say, a functional disease of the entire nervous system, which is not yet anatomically recognizable, and stands in close but not necessary relation to disease of the suprarenal capsules. Psychological disturbance, extreme anæmia, extraordinary sickness, and very frequently abnormal pigmentation of the skin are the characteristics of the disease, and it may be grouped with hysteria, as "diffused neurosis with unknown anatomical basis."

Professor William Moore's case, published in our last issue, in which the bronzing of the skin was, perhaps, deeper than any yet seen, and yet there was no disease whatever of the capsules on *post-mortem* examination by Dr. Moore, assisted by Drs. Bennett and Little—all most able and competent observers will, with the coloured lithograph, enable the reader to form his own opinion respecting some of the questions in dispute.

## A NEW AND SUCCESSFUL TREATMENT OF PERTUSSIS.

BY JOHN J. CALDWELL, M.D., BROOKLYN, N.Y.

My treatment of whooping cough may, or may not, be entirely new to the profession, viz: local medication by the Spray Atomizer, such as is made and sold by your townsmen Messrs. Codman & Shurtleff; my favorite medicinal agents being bromide of ammonium and of potassium, together with liquid preparation of belladonna. Believing in Niemeyer's views of the pathology of this disease, "that whooping cough is a catarrh of the respiratory mucous membrane,

combined with intense hyperæsthesia of the air passages," I made my medication directly to the parts affected, and the results have been so satisfactory and rapid that I venture to submit the following cases for your Journal :

Cases I. and II. were my little daughters, aged respectively four and two years. They contracted the disease in July, 1869, it being at that time prevalent in our city, and in their cases the malady was decided and distressing. After exhibiting the usual remedies with little or no relief, I resorted to the above treatment, as an experiment. Getting up steam, and placing my little ones upon my knee, in such a position that the spray should play right into the face ; as a natural consequence they began crying, and that was just what I expected, and what I most desired, for the deep inspirations would carry the bromides and belladonna home to the local trouble. My formula is as follows :—

R. Ext. belladon. fld. gtts. v. to x. ;

Potass. bromid., grs. xx. ;

Ammon. bromid., grs. xl. ;

Aquæ destil., 2 oz.

M. Ft. solutio.

Of this we use a tablespoonful at each application.

July 11th.—Children much better ; the intermissions of greater space. Made another application.

14th.—Attacks very mild ; scarcely any whoop. Continued treatment.

16th.—Whoop and spasmodic action gone, with a slight cough, which passed away in a few days.

Aug. 24th.—Was called across the street to see my neighbor's children, three in number ; found them suffering from same affection. The father informed me that the distress was so great and constant that the children could not rest, and were becoming very weak and emaciated ; that their physician did not relieve them, and that, as the weather was so oppressive, he felt fearful for their lives. I administered the spray treatment to them in turn, while they were sitting upon the father's knee, as before mentioned. They called on the following succeeding days, viz., 25th, 26th, 27th, and 28th, and on the first of September when I discharged them, cured. Sept. 9th, Mrs. McG., called at the office with her little son, aged 2 years, afflicted in the same manner. After three or four applications, we had similar happy results. Here we may say that when the nights



were passed with much disturbance from spasmodic coughing, it is our habit to administer the same solution by the stomach, in doses suitable for the occasion. In October, 1870, I was called to the family of Mr. S., of Sackett St., where I found his five children suffering severely with whooping cough. I left the atomizer at the house, with a sufficient quantity of the mixture, at the same time instructing the mother (who was a competent, intelligent person) how to administer it. I now and then called to watch progress, and at the expiration of two weeks was pleased to find that the patients, like the others under my care, had speedily and entirely recovered.

I submit the above, Messrs. Editors, as my experience in this distressing affection, and hope that if other gentlemen of the profession are induced to try the *modus operandi*, the result may prove as satisfactory to them as it has to me.—*Boston Medical and Surgical Journal*.

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## TREATMENT OF SCARLET FEVER.

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BY W. E. WHITEHEAD, M.D., UNITED STATES ARMY.

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Scarlet fever being very prevalent at present, and wide-spread in its ravages, I concluded that my experience in the treatment of this greatly dreaded disease might probably be instrumental in preserving some little patient from suffering, and perhaps death. After an experience of some years, I have seen no plan of treatment that gave me so much satisfaction, or so great success, in the management of this fever in all but the most malignant types: in which latter cases, I do not know if any treatment be of avail, for I have never seen a single case of recovery; but, on the contrary, have seen the patient succumb to the virulence of the poison in less than twenty-four hours. Under these latter circumstances, remedies have scarcely time to affect the system, either for good or evil.

I first satisfy myself that it is a case of scarlet fever, being guided in forming the diagnosis generally by the appearance of the tongue, which is usually very characteristic. I allude to the peculiar elevation of the papillæ, their *red* color, and the creamy white coat through which these papillæ force their way. Being satisfied as to the correctness of the diagnosis, I at once order the patient to be sponged all over, a part of the body at a time, with hot water, in which has been dissolved enough saleratus (the impure carbonate of

potash, to be found generally in every household) to cause a soap or greasy sensation when the fingers are rubbed together after wetting them in the solution. This sponging is to be continued some time, from fifteen minutes to half an hour, when the surface is allowed to dry, which it generally does as fast as the sponge passes over it, from the intense heat of the skin. When dry, rub the entire surface lightly over with a piece of bacon rind, or with sweet almond oil, or fine olive (salad) oil. If the throat is sore and painful, apply a thin slice of bacon, or a flannel bandage well saturated with oil; and, in either case, made stimulating by a small quantity of good red pepper sprinkled on its surface. Give a mild aperient in the early stages, to free the bowels of all alvine accumulations. Give, then, a well-diluted solution of chlorate of potassa, from a scruple to one or more drachms, according to age or circumstances: the above-named quantity of the salt to be taken at intervals during the twenty-four hours, in cold water, but better in barley water, or rice water. Give all the drink—barley, apple, or orange water—that the patient may desire. The bathing and anointing are to be repeated at least once in every twenty-four hours: and should the heat of the skin be great, with much restlessness and a high axillary temperature, the bathing and anointing should be repeated twice or three times in the twenty-four hours. A dose of tinct. ferri chlor. every twelve hours in the early stages, where the tendency to diphtheria, anemia, or other manifestations of blood poisoning are present, is very important.

The diet should be simple, nutritious, and easily assimilated: milk and its various preparations, eggs, beef-tea, or strong broth, and when necessary, good sparkling wines, champagnes, catawbas, etc. The urine should be carefully examined daily, and the instant any albumen is detected, the lumbar region should be rubbed with warm spirits of wine or turpentine liniment. Dry cups may be applied often with benefit, and sometimes wet cups or leeches become necessary to properly meet the indication. Should all these expedients not arrest the kidney trouble, I have found a free dose of calomel of great benefit, and have seen it in many cases effect speedy cure.

I will not undertake here to explain how the calomel effects so happy a result, but merely now give you my experience in the *treatment* of scarlet fever. Of course, the calomel must be given with caution, and not indiscriminately to each and every case. Due care must be observed not to administer this remedy in cases of great debility, of granular kidneys, or to very old and feeble persons.

I consider the rind of bacon the best possible article that can be used for anointing purposes in this disease, for it yields plenty of animal oil, and at the same time you get the stimulating effects of the creasote, and other compounds, produced by the smoke which the bacon has been subjected to in the process of curing.—*Pacific Med. and Surg. Journal.*

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### BOOK NOTICES.

INSANITY AND ITS TREATMENT—By G. F. Blanford, M.D., Oxon. F.R.C.P., London, Lecturer on Psychological Medicine, St. George's Hospital Medical School. Philadelphia: H. C. Lea, 1871. Toronto: Adam Stevenson & Co. \$3.

This book supplies a want much felt in this department of medical literature. No disease of equal frequency and gravity has been so imperfectly studied as insanity, and most works on this subject are too voluminous for the busy practitioner, who needs a concise manual for occasional reference, rather than an elaborate essay on the subject, and the work well meets the prevailing deficiency. The author lays no claim to originality, but evinces a good deal of respect for other men's ideas. He also gives the result of his own observations in a plain practical way, with just enough of method about it to make it interesting and instructive.

The author ventures the opinion that a great majority of cases of insanity are hereditary. He says:—"We must consider not the events of the preceding month or year, but the history of the individual from his birth, and that of his parents before him." He assigns a wider scope to the hereditary element than any other English writer, and asserts that it is not inconsistent with the law of transmitted disease to suppose that insanity may be caused by peculiar eccentricities of character, chorea, epilepsy, catalepsy, hysteria, &c. in the parents.

The author gives great prominence to acute mania, and his directions for its treatment are well worth the cost of the book. He insists most strongly on nutritious food and stimulating drinks, and deprecates the use of blisters, bloodletting and tartarized animony. He also gives some most excellent hints on the mode of detecting insanity, and also on the moral treatment of the insane, their occupations, studies, amusements, &c. In the closing chapter he gives some useful directions respecting the manner of examining patients, with reference to their mental condition, for the purpose of signing a certificate of insanity, which will be found exceedingly useful to medical practitioners generally.

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 OBITUARY.

Died, on the 7th ult., in the town of Brockville, Dr. Robert Edmondson, in the 69th year of his age. He was born in Ballymena, Ireland, and resided forty-two years in Brockville. He obtained the Degree of C.M., University of Glasgow, in 1827, and received the provincial license in 1829, subsequently he received the Degree of M.D., in Victoria College, Cobourg, and was for some time President of the Medical Alumni Association of that University. He was a most active man and took the deepest interest in the progress and welfare of his adopted country. He held the position of mayor of Brockville for some time, and was also President of the Bible Society. At the time of his death he held a prominent position in many organizations, having for their object the progress of the town and the good of the people. He was also a very skillful physician and an accomplished scholar, a man of enlarged and liberal mind, honest intentions, and irreproachable personal character; many of the inhabitants of the town and country around will feel very much the loss of one who was so universally beloved and respected as Dr. Edmondson.

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## ALPENA MINERAL SPRINGS.

This well is located in the city of Alpena, on Thunder Bay, at the mouth of Thunder Bay River, Michigan, U. S. Bath houses have been erected during the past summer, and every convenience has been made for the benefit and comfort of invalids visiting this fountain of health. The Alpena well is not only a "true artesian" well; but also a true mineral well. These waters flow out of the rock in an immense volume, clear and sparkling, from a depth of 900 feet below the surface.

The following chemical analysis of its waters has been given by Professor S. P. Duffield, of Detroit:—

	Per gallon.
Soda Bicarb.....	15.73
Lime " .....	55.13
Magnesia Bicarb .....	62.92
Iron " .....	1.84
Sulph. Lime .....	30.05
Silica and Aluminum.....	3.08
Sodium Chloride.....	68.25
Organic Matter.....	92
	<hr/> 237.92

The sp. gr. of the water is 1.012, and it contains traces of carbonic acid and sulphuretted hydrogen gases. These waters have been found useful in the the treatment of Rheumatism, Gout, Dyspepsia, and general prostration resulting from over work, too close application to business, want of exercise, &c.

Dr. W. J. Roe, formerly of Chatham, has been appointed Medical Superintendent, and all communications respecting it may be addressed to him.

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**Original Communications.**

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COLLEGE OF PHYSICIANS AND SURGEONS OF  
ONTARIO.

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ANNUAL MEETING.

The Council met on Tuesday, the 6th of June, in the Council Chamber, Court House, Toronto, Dr. Brouse, President, in the chair.

The Secretary called the roll. All the members were present except Drs. W. Clarke, Allen, Springer, R. H. Clark.

The Secretary read the minutes of the last meeting in Hamilton, which were confirmed.

The President, Dr. Brouse, then addressed the Council with reference to the business of the past year, and read several communications as follows :

From the President of the Lambton Medical Association, in reference to the want of a penal clause in the Ontario Medical Act for the better suppression of Quackery.

The President spoke strongly in favor of the propriety of securing an amendment to the Ontario Act in this respect.

A communication in regard to fees due to medical witnesses for evidence in criminal prosecutions. The President here stated that Dr. Grant and he had an interview with Sir John

A. McDonald relative to this subject, and that he considered that it was only just that a proper remuneration should be given to skilled witnesses in such cases, and that the subject would have his attention after his return from the Joint High Commission.

The President next referred briefly to the representation of this Council at the last meeting of the Medical Association at Ottawa.

He also stated that he had called upon the medical representatives of the Lunatic Asylums, now in session in this city, and gave his compliments on behalf of the Medical Council, and invited them to a seat at this Board.

Dr. Workman, on behalf of the medical representatives of the Lunatic Asylums, returned his compliments, and invited the members of the Council to a reception at the Lunatic Asylum, Toronto, on Thursday at 4 o'clock.

The President then referred to the appropriateness of the season for meeting, and congratulated the Council upon the satisfactory state of affairs with which they were especially interested, and upon the interest which was generally manifested in the welfare of the profession at large, after which he vacated the chair, and the Secretary was appointed *pro tem*.

Moved by Dr. Berryman, and seconded by Dr. Dewar, that the thanks of this Council be hereby tendered to Dr. Brouse, President for the past year, for his courtesy in its meetings, and his many labors connected with the office.—*Carried*.

Moved by Dr. Day, and seconded by Dr. Hyde, that Dr. Covernton be President of this Council for the current year.—*Carried*.

Dr. Covernton was conducted to the chair by the retiring President, and asked the Council to adjourn till 7½ p. m. to allow him time to prepare an address.

Moved by Dr. Hyde, and seconded by Dr. Mostyn, that Dr. Dewar be Vice-President for the present year.

Moved in amendment by Dr. Dewar, and seconded by Dr. Berryman, that Dr. Hamilton be Vice-President for the ensuing year.

Dr. C. B. Hall and several others pressed the original motion, on the ground of the long and faithful services of Dr. Dewar in the Council. Dr. Dewar, however, declined the honor sought to be conferred upon him by his friends, and urged the with-

drawal of the original motion, which was accordingly done, and the amendment carried.

Dr. Hamilton returned thanks for the honor conferred upon him.

Dr. Oldright stated that he had placed in his hands tickets for the admission of members of the Council to the Annual Convocation of the Toronto University on Thursday afternoon, the 8th instant, which he handed to the President for distribution.

Moved by Dr. Berryman, seconded by Dr. Mostyn, that the Standing Committees of the past year remain for the ensuing year as heretofore constituted, and that Dr. Brouse, ex-President, shall take the place of Dr. Covernton at present elected President.  
—*Carried.*

The Council then adjourned till 7½ p. m.

#### EVENING SESSION.

The Council met at 7.45 p.m., the President, Dr. Covernton, in the chair.

The Secretary called the roll. Absent, Drs. Allen and R. H. Clark.

The President then delivered the following inaugural address:—

GENTLEMEN,—Permit me again to thank you for the distinction conferred upon me by this afternoon's election, and when I look around me and see an assemblage of representatives from the universities and schools of medicine in Ontario, as also of members of electoral divisions, equalling in area many German principalities, gentlemen distinguished for their talents, and for the confidence reposed in them by their constituents, there is surely sufficient reason for gratification on my part.

The profession in England have, for the last 30 years, been striving to accomplish the desideratum of a General Council and Central Board of Examiners, the members of which should be selected principally from practitioners unconnected with the universities and schools of medicine. The first some years back they attained, but for the accomplishment of the latter, they are yet struggling, whilst in this distant colony of the Empire, the universities and schools, that had long enjoyed the right of granting license to practise, have, with a disinterested zeal for the general benefit of the profession, surrendered this privilege, retaining only the power of educating and conferring degrees; honorable academic distinctions but nothing more; thus taking the initiative in a triumph over personal interest, power and emolument, for the sole end and

aim of securing a uniform high standard of professional attainment in the future, and thus advancing our noble art, which above all things tends to promote the happiness by administering to the health and physical well-being of mankind. This action, the result of the firm conviction of a large body of practitioners in Ontario, that a speedy check to the indiscriminate system of licensing was imperatively called for, alike for the interest of the profession and general public, was made the occasion of severe condemnatory remarks by the editor of the *London Lancet*, in the November number for 1869, and those members of the Council returned on a distinct promise to oppose the working of the Bill, were made the subject of eulogium, whilst their brethren, who had been instructed by *their* constituents, to give the Bill a fair trial, were held up to unmerited obloquy. "Quot homines, tot sententia." Our censor, however, did not believe in the latitudinarianism the quotation implies, but would have all submit to a Procrustean bed, and respond to one Shibboleth alone in medicine; a consummation devoutly to be wished for certainly, but not likely to be realized on this continent. Here education is not confined to a class privileged by the gifts of fortune, but under our admirable Common School, Grammar School, and University system, is the inalienable birthright of all. The evil, if an evil, of a difference of opinion in medicine, as in religion and politics, has always existed, and will continue to exist; it admits of no cure, even the wildest visionary can scarcely hope to bring all members of our profession to a uniform standard of belief. If history has taught us anything, it has taught us that the thinking portion of the community will take the liberty of forming their own opinions. Therefore to be deficient in tolerance is at least useless; intolerance hardens what we may conceive to be error, and provokes recrimination, but it does not enlighten those whom we wish to convince, nor does it extend doctrines which appear to us clear and indisputable.

Let us glance briefly over the history of medicine from the seventeenth and eighteenth centuries only, leaving unconsidered the various systems of therapeutics from Hippocrates downwards, and how numerous do we find the theories that have in their turn dominated, without obtaining lasting belief. Renouard, in his "*Histoire de Médecine*," remarks: "Theory is an arena of interminable discussions, a real tower of Babel, it is the apple of discord among physicians. Who can flatter himself to hold the equal balance among so many diverse, or contrary opinions, to distribute equally praise and blame, to mark the precise limit in each, where truth ends and error commences." Before sitting in judgment on the constitution of our Council, it would have been more courteous in the editor to have satisfied himself that he was not discoursing on imperfect knowledge of



circumstances. It may be argued that this judgment will be only taken "*quantum valeat*," and that to have appealed to the Legislature for power to prevent, in the future, any man treating disease, whether he called himself Allopath, Homœopath, Eclectic, Botanist, or by any other name, until he had shown before a proper tribunal that he had acquired a competent knowledge of Anatomy, Physiology, Chemistry, Pathology, Surgery, Obstetrics, &c., &c., was not an action meet for caustic criticism, even although it involved an amount of miscegenation, calculated to horrify a medical purist. There are, however, many in the field of medicine, as in politics, who have a terror of innovation, who would repudiate any other motto inscribed on their banners than "*Stamus per antiquas vias*," or any other mould of fashion, or glass of form than that supplied by the time honored British Colleges, notwithstanding that, to many of our colonially educated students, seeking their diplomas as an imprimatur of fitness, they have exhibited themselves, as somewhat illiberal step-mothers. To such medical *quid nunc* I would say a brief consideration of the necessity for a Bill, including all the sects, or the inevitable alternative, free trade in medicine, would tend to moderate their views of the questionable action of the medical reformers of the last few years. The first Medical Bill, 29th Vict., cap. 34, introduced by the late Dr. Parker, proved to be little better than a hybrid policy of compromise, failing to satisfy alike the extreme conservative and advanced liberal. In spirit, if not in letter, it provided (section 4) for a seat at the Council of one representative from the Homœopathic and Eclectic Boards or Colleges. The majority of the members of the Council, however, did not so interpret it, and at the May meeting an unwise policy of exclusion in my judgment, at least, was resolved upon; *unwise* because no possible obstructiveness could have resulted from the presence at the Council of these gentlemen, and their exclusion led to the continuance for another long period of a viciously lax licensing system, full fledged practitioners being turned out in numbers from some of the schools by a process nearly as expeditious as that occasionally practised by the primate of England, the simple formula for the degree being "by the Grace of God" and the Archbishop of Canterbury. These licensing Boards were recognized by Act of Parliament, and certainly required no less, if not more, than the universities and schools of medicine, the supervision of adjunct examiners, inspectors, or other checks contemplated by the Act, more particularly as there existed no teaching bodies for either Homœopaths or Eclectics in this country, and all the candidates for license, hailed from institutions in the United States. Shortly after this exclusion from the Council, a manifesto from these Boards appeared in the *Globe* newspaper (or it may have been an editorial, at the lapse of time I have

forgotten which) wherein the representatives of these licensing boards, claimed, that their matriculation examination, as also the extent and duration of the subsequent curriculum of collateral branches of medicine, that they deemed essential, was superior to ours. Had the Council permitted the representative of the Homœopathic school to have taken his seat, I have little doubt the second school would, before long, have asserted its claim to the same representation; and, once recognized members of the Board, as their *greater* curriculum involved our *smaller*, they could not have opposed the *experimentum crucis* of a matriculation, common to all. As it then appeared to the public, the members of the Allopathic school declined without a trial, any attempt at bringing up the student in the future, to the proper standard of medical education, without respect of creed. This action by many of the profession, was at the time viewed as injudicious, giving countenance to the idea that they looked with alarm at the progress of these new schools.

To confute this, I again refer to the opinion of Dr. Renouard, who, in the work before quoted, observes, "Practical medicine can have but one true and primary basis—clinical experience. Neither physiology nor pathology, whatever development they may acquire, can ever serve as a primary and immediate foundation for therapeutics." In the soundness of this opinion we must all concur, and to give practical effect to it, and as an answer to presumed jealousy, I would suggest that wards in our city hospitals should be assigned to leading practitioners of these schools, for the treatment of patients who elected their specialty. Cases would then be closely analyzed and watched; consequently we should no longer be called upon to receive *quasi* facts as facts, but only on logical induction, and the public would quickly determine how far their cures and death rate compared with ours.

If Dr. Parker's Bill may fairly be called a policy of compromise, Dr. McGill's, under which we are assembled, may certainly be rated as one of ultra development. By the former, only one representative of schools, other than Allopathic, was eligible, whilst by the existing law, five are allotted for each, a number quite in excess of the constituencies they represent, thus dispensing more than justice to the above-mentioned *doctrinaires*; whilst to the Universities and Colleges of Ontario, but a very scant measure is provided. By clause XXXIII., section 2, it is enacted that, "It shall not be necessary for students graduating in any college, in any of the Provinces forming the Dominion of Canada, other than Ontario, to pass the matriculation or preliminary examination in Ontario, prior to being examined by the Board." This certainly bears the appearance of invidious distinction between the colleges of Quebec and Ontario, and probably was intended as a sop to *Cerberus* of

the Lower Provinces. That it was useless as such, the general tenor of the articles on the proceedings of our Council, in their journal, sufficiently demonstrates. With these exceptions the working of the Bill has I consider been satisfactory to a majority of the members of the profession in this Province, and the provision in it, that students who elect to be registered as Homœopathic and Eclectic practitioners, shall not be required to pass an examination in either *Materia Medica* or *Therapeutics*, or in the theory and practice of *Physic*, or in *Surgery*, or in *Midwifery*, except in the operative practical parts thereof, before any examiner other than those approved by the representatives in the Council of the body he (or they) shall signify his (or their) wish to belong, has not proved, as prophesied by the Editor of the *Lancet*, a bribe to incompetency, as neither at the examination in April, 1870, at Kingston, nor at the recent one held at the University of Toronto, did a single student avail himself of these exemptions.

The members of the Committee on Education appointed at the first meeting of the Council, in July, 1869, directed their attention in the matriculation examination to securing evidence for the public that as far as preparatory education implies fitness, the matriculants should at least not be deficient in that particular, so that the ground-work for the future teachings should be fitted to maintain a continued succession of a class of liberally educated young men, who, in the full possession of a liberal science, would apply it to the need and benefit of their fellowmen. Technical knowledge and skill in that degree, which will enable the professional man to supply the whole resources of his art, they judged rightly, was not the sole desideratum of medical education, but to that should be added Classical, Mathematical and general knowledge. The members of the profession thus elevated would hardly fail to remember that to have their due weight in society, and occupy the place and rank to which their learning, general and professional, would entitle them, their qualifications and conduct must be consonant with the requirements of professional character. The Lawyers of this Province have most wisely and jealously guarded in this manner the portals to their profession, and to the existence only of competing schools can we attribute in the past the neglect of sufficient preliminary education in ours. Since Latin has ceased to be the language of the learned, it is of less importance than formerly, but some knowledge of both Greek and Latin is indispensable in order to have a thorough understanding of the language of medical science, constructed as it is on their basis, a full apprehension of which is as essential to the medical student as symbols to the Algebraist. Our committee, therefore, as the programme demonstrates, insisted on this required amount, and wisely also included a knowledge of modern

languages and natural science. The subsequent medical curriculum further demonstrates a determination on the part of the Council that the education of the student shall be thorough, and sufficiently refutes the allegation of the *Lancet* Editor, that the "bait of a short curriculum and an easy examination, partly beyond the control of the Central Board, may be safely calculated to catch numbers of student recruits." The operation of this Medical Bill, under which we are now assembled, may seem unjust to the Licentiates of the Lower Provinces, who may wish to have this section of the Dominion as open to them for practice as others. The remedy is simple and within their grasp. They have only to seek from their Legislature power for the creation of Medical Councils, and Central Boards of Examiners, with curriculum and examination equal to ours, and we shall then be prepared to extend to their Licentiates the same privilege of practise accorded to our own, on the production of certificate from the Registrar of their Councils. This solution of the apparent hardship would in my judgment be far more equitable than the plan proposed by the Canada Medical Association, viz: that of petitioning the Ontario Legislature to relieve us of the power of legislation in Educational matters, conferred by the Act of Confederation, and contenting ourselves with a Dominion Act, of the character determined on by the Association at its last session. I cannot conceive the possibility that the majority of the profession in Ontario will be found willing to drop the substance, and to grasp the shadow, when they note the manifest injustice this proposed Bill would inflict on their Province. Instead of proving a *Deus ex machina*, it exhibits an unequal territorial and University representation, and yet a continuance of what the promoters of this movement evidently consider the unpardonable sin of Dr. McGill's Bill, viz: amalgamation of the heterodox with the orthodox. The agitation for this measure so soon after the commencement of the working of Dr. McGill's Bill, would seem to imply that, in the estimation of some of our Quebec confreres, a sufficient amount of ability among our University Professors, and rank and file of the profession in Ontario, is not to be found, and that therefore to a territory larger than Great Britain, France, and Prussia, we are required to add the Provinces of Quebec and New Brunswick to find the requisite amount of executive and administrative power. Without overstepping the bounds of modesty, or exceeding the due limits of self-assertion, we may, I think, safely venture to demur to this soft impeachment, and arrive at the conclusion that in the future as in the past, we are quite capable of "paddling our own canoe," without the assistance of French *voyageur*, and I trust the verdict of the profession in our Province will be "Better to put up with the ills we have, than seek for others we know not of."

An amendment to the present Bill embracing a penal clause that would be unmistakably operative against ignorant and unlicensed pretenders, whether local or foreign peripatetic, including also power to prevent druggists prescribing, would I think not only satisfy the profession, but reconcile them in time to the adoption of the method long followed by the Law Society, viz: the collection of a small yearly due from each member. In that manner only, can we ever expect to be in possession of the requisite funds for the purchase of real estate, and thus obtaining a local habitation as well as name. The efforts of the Council should also I think be directed to obtaining from the Legislature, if possible, such additional Hospital grants as would suffice for supplying the desired amount of clinical (the most important of all) teaching. That furnished, our lecturers would no longer be subjected to the large annual loss of students repairing to colleges in the United States on that account only. Dispensary practise, it is true, might be largely utilized for that purpose, but it can never be made as effectually to do the work, as large and well appointed Hospitals. A fractional tax on the Province would be scarcely felt, and yet would yield an amount not only sufficient for putting existing hospitals on the best possible footing, but also provide the requisite funds to establish new ones for union of counties. We have several members of the Legislature belonging to the profession, and I am confident the Council would not appeal in vain to them for the exercise of their best efforts for securing to the excellent teachers attached to our Ontario schools, the same *coin of vanage* that the instructors in the colleges of the United States possess.

There remains only one more subject that may be deemed by some of us of sufficient importance to occupy the attention of the Council, in addition to the ordinary sessional work, viz: Mutual Life Assurance. A very few years of practice suffices to convince us all that our profession *per se* is anything else but a royal road to competence, much less wealth, and that very few, even after the labour of a long period of years, find themselves sufficiently independent to be enabled to relinquish its daily duties. To protect, therefore, our families after death, as far as it is possible by human forethought, from comparative penury and dependence, we have recourse to Life Assurance. These companies have done an excellent work, and have proved an inestimable blessing to society, but the very fact of large annual dividends declared to shareholders, at the expense of the insured, notwithstanding the keen competition that prevails, proves incontestably that to enable them to do this, the annual premiums must be placed at extravagant figures. It would therefore, I think, be very desirable that the Council should endeavour to elaborate some scheme of Mutual Insurance, that

would commend itself to the members of our profession, alike for security and superior advantages to the insured. We have, I believe, somewhere about fifteen hundred members of the profession in this Province, a large number of whom would readily join a new Life Association, if sufficient guarantee were afforded of the careful management and solidity of the scheme, remembering always the Baconian proverb: "A cripple on the right road beats a racer on the wrong." (Applause.)

Reference having been made to the contemplated Medical Act for the Dominion, the following resolution was submitted:

Moved by Dr. Hyde seconded by Dr. McGill, "That it would be inexpedient to favour any legislation at present having for its object the repeal of the Ontario Medical Act."

Dr. Hyde said he would like to have an expression of the opinion of this Council on this measure. In his opinion we should not do anything to interfere with the working of the present Ontario Medical Act, which was working so satisfactorily. You referred in your very able address to the want of a penal clause. but Sir, while I agree with you as to the propriety of such an amendment, we must be very careful not to destroy the good effects of this important measure. There are many serious objections to the contemplated Dominion Medical Act. In the first place the representation of the profession is much less than that of the Colleges, and the examiners are to be selected from those men who have had experience in teaching. Now I appeal to this Council if we are prepared to give the Colleges the power they had in the past. The contemplated Bill is framed for the benefit of the profession of Lower Canada, constituting as it does certain officers of the Quebec Branch Council, officers of the general Council. This he conceived to be an insult to the profession of Ontario. There is nothing which we can call a redeeming feature in the whole of this new Bill.

Dr. McGill said that the course of action of this Council was clear. There is no good reason why this Council should not discuss this measure. In the first place he thought the representation of the teaching bodies was very unfair. It seems as if we in Ontario were to be eclipsed by the profession in the lower provinces, and that the Colleges in the lower provinces some of which are struggling for an existence were to be placed on a par with our institutions. Again, the number of medical men in the Lower Provinces is much less than in Ontario, and yet they are to have equal representation. He said he was present at the last meeting of the Medical Association in Ottawa, and he was very much displeased with the action of those who took the most prominent part in the introduction of this measure. They seemed to think that the united wisdom of the medical pro-

fession centered in them (the people of Montreal). There are those in this Council who opposed the present Ontario Act but who have since seen their mistake, and are honest enough to acknowledge it.

Dr. Clark. Dr. Dewar. Name! Name!

Dr. McGill—Dr. Agnew is one who opposed it and now admits his mistake. Dr. McG. maintained that no Bill could accomplish any good unless it embraced all creeds within the sphere of its operations, by bringing them all up to the same standard of education. He did not think that the want of a penal clause amounted to anything; but he had no objection to its insertion if it could be done. The Attorney-General for Ontario refused to admit a clause of this kind when requested to do so last winter; he said it was illegal.

Dr. Dewar said he was under the impression that some of the last speakers remarks were applied to him. He said he confessed that he was dissatisfied with the Bill when he first saw it; but he deemed it necessary for the well-being of the profession. When the Dominion Bill was under discussion in Ottawa a month ago, Dr. McGill voted in favor of the representation of the Lower Province Colleges, but he appears to have since received new light on the subject. It is certainly very strange.

Dr. Clark stated that the Attorney-General did not give an opinion that a penal clause was illegal; but that it was not expedient at present to do so.

Dr. Campbell also stated that M. C. Cameron was of the same opinion.

Dr. C. B. Hall said that both he and Dr. Agnew opposed the Ontario Bill, and they thought they were right. But they were not here at present to oppose the working of the Act. In the discussion at the Medical Association in Ottawa, Dr. McGill voted in favor of the clause referring to the representation of the Colleges in Ontario and the Lower Provinces. Dr. Hall thought however that the Council had nothing to do with the Dominion Bill. It had to be again submitted to the Medical Association and come before the Legislature of this Province. We will then have an opportunity of opposing it. It may never come up, particularly in its present form, and therefore it is not necessary to take up the time of this Council with it now.

Dr. Brouse said that he thought Dr. Hall in error in not discussing the Bill at present. The profession looked to us for an opinion on this matter. It will be discussed in Quebec next Autumn, and those who go from this Province would like an expression from this Council. We ought to discuss the matter and give the country the benefit of our opinion.

Dr. Hamilton said it was right and proper that this Council

should take this matter up. The proposed Bill was framed by a Committee appointed for the purpose, and a draft sent to every member of the profession in the Dominion, and it is our duty and our privilege to express our opinion upon it.

Dr. Bethune said that no doubt great pains had been taken to draft the Bill; but it was not perfect and was open for amendment. The reading men of Ontario know all about it, and those who do not read the *Canada Lancet* or the *Canada Medical Journal* were no medical men at all, and I don't think it is necessary to take up the time of this Council; let us proceed with our own proper business. There was no doubt a little domineering at the Association, because we in Ontario were in the minority. Some got disgusted and left; but by our influence we obtained some amendments. The original would not be entertained. He was in favour of a liberal Bill for the whole Dominion.

Dr. Clark said he would like the present motion to state that we are just simply opposed to the Bill, and let them propose another, and if it is fair and satisfactory we will discuss it. In its present form it is utterly inexpedient and inapplicable to the wants of the profession, and no one would take such a Bill in charge before the Legislature.

Dr. Grant remarked that at this stage of the discussion he would only refer briefly to the subject under consideration. We are fully aware that the present period is one marked by evidences of great progress, of advancement and extensive union. We have no doubt observed a disposition to such in church as well as state. The document already forwarded to the members of the medical profession, throughout the Dominion, by the committee of the Canada Medical Association, is intended to convey still further the object of union to the entire medical profession of this country. No particular School is advocated, no sectionalism inculcated—the only idea being union—and such a union as would in every way best serve the interests of our noble profession. As an alumnus of McGill College, he must confess he felt proud of that institution, which has not only a Canadian but a British reputation. He was satisfied that McGill College had an equal interest in the cause of medical education in all parts of the Dominion. There is no antagonistic feeling towards Ontario, or Ontario institutions, medical or otherwise. For many years Ontario has given to that College by far the greatest number of its students, who are now doing honor to their Alma Mater throughout the length and breadth of this country. There is no desire to force a new Bill upon the members of the medical profession. Ample time is afforded for the full and deliberate consideration of the measure the Canada Medical Association had under discussion at its last meeting. The Local Legislatures of the various Provinces must give their consent before any Bill affecting their interests can become law in the



Dominion Legislature, and the Association only desires such a measure as would tend to advance the best interests of the profession.

Dr. Berryman said that it would have been more dignified to give members time to consider the important matter of medical legislation, and that consequently it should be left for calm consideration until the morrow, when it should be reported on by special committee. Allusions were made that McGill College was always ready to meet Ontario in the welfare of educational interests in medical matters. Dr. B. urged that in spite of such assertion, it was remarkable that the McGill men fought the Bill before the Committee inch by inch, and further, that out of perhaps about 84 Ontario students attending there last session, only 6 members of that class presented themselves for examination before the Central Board of Ontario. The circumstance is significant, at any rate, in view of some probable action of the Dominion Government in regard to the proposed Dominion Medical Act.

After some remarks by Dr. Oldright and several others, the vote was taken on Dr. Hyde's motion, which was carried.

Moved by Dr. Berryman and seconded by Dr. Campbell,—“That the able address delivered by the President, embodying as it does many important matters connected with the working and details of the present Medical Act, be committed to a Committee whose duty it shall be to report on the same, and that the said Committee do consist of Drs. Clark, Aikins, Oldright, Campbell, Cornell, Brouse, and the mover.”

The Council then adjourned till 2 p.m. next day.—*Carried.*

WEDNESDAY, June 7th, 1871.

The President called the Council to order at half-past two o'clock.

The Secretary called the roll. Absent, Drs. Allen and Hall.

The minutes of yesterday's proceedings were then read, and confirmed.

Dr. Dewar rose to a question of privilege. He read a paragraph from the April number of the London *Lancet*, in answer to a question of “M.D.” It reads as follows:—“Canada is an excellent field for active, energetic medical men, and an English diploma suffices.”

Now the question he would like to have settled was, Are English diplomas alone sufficient to entitle the holder thereof to practise in Canada? This is a very important matter, and he thought that action should be taken to disabuse the public mind in reference to it.

Dr. Berryman did not think that any member of the Council could give a decided answer to this question, not even the President. An impression seems to have gone abroad that the holders of imperial degrees, and those from colleges acting under imperial charter, can practise in Canada without any further examination. If medical men come from England, we want to know if they have to pass an examination or not before the Council, before receiving license to practise. If we are to have an immigration from England into the profession, how are we to protect ourselves? He would like the opinion of this Council, and that it should go to the country.

Dr. Clark thought that our Act of Parliament would protect us from being over-run in this way, as every person, no matter where he graduated, unless prior to the passing of the Act, must pass an examination before he can be registered. (See Medical Act.)

Dr. Lavell said there can be no doubt about our ability to legislate for ourselves. The lawyers have the right to exclude English lawyers from practising here, and why should we not have the same power?

Dr. Brouse stated that he thought the editor of the *London Lancet* simply meant that the qualification entitled the holder to present himself for examination, in compliance with the law.

It was then moved by Dr. Day, seconded by Dr. Oldright,—That the President be requested to write to Sir John A. Macdonald, asking his opinion on the question introduced by Dr. Dewar, and that such opinion, if obtained, be published in the medical periodicals of the Province.—*Carried.*

Moved by Dr. C. B. Hall, seconded by Dr. Mostyn,—That the Registrar be required to order the printing of 100 copies of the proceedings of this Council, and distribute to each member of the same.

Dr. Hyde remarked that the information could be as well given through the *Canada Lancet*, which now circulates among the profession of this Province, with the exception of a small proportion, and thus save expense to this Council.

On motion of Dr. Day, the motion of Dr. C. B. Hall was referred to the Committee on Registration.

The President read a communication from Mr. George Reed. Referred to Educational Committee.

Also one from Dr. Hodder. Referred to the same Committee.

The reports of Dr. Wickson and Mr. Wood were read, and referred to the same Committee.

Dr. Covernton read the report of the Board of Examiners. Referred to the same Committee.

Dr. Adams introduced the report of the Rules and Regula-

tions Committee, which was referred to a Committee of the Whole.

In committee, Dr. Pyne in the chair, the report was read and adopted. It was then reported as carried.

The President resumed the chair, and the report of the Committee was then concurred in by the Council.

#### REPORT OF COMMITTEE ON RULES AND REGULATIONS.

The Committee of Rules and Regulations beg to report:—That they have had under consideration the Rules and Regulations by which the Council of the College of Physicians and Surgeons of Ontario have hitherto been guided, and are of opinion that no change in the same is required, but recommend that the following addition be made to them, viz:—That no question shall be offered for discussion, or be voted upon, unless notice of the same shall have been announced from the chair at a previous meeting, except in matters of routine.

Respectfully submitted.

J. ADAMS, M.D.,  
*Chairman.*

Dr. H. Brouse moved, seconded by Dr. Campbell,—That after several years of practical working of our present Medical Bill, this Council is of the unanimous opinion that more stringent penal clauses should be obtained, whereby uneducated and unlicensed men may be prevented from practising as physicians, or dispensing medicines in the Province of Ontario. That this Council regrets that the penal clause of our Bill, as originally drafted, was struck out. Therefore each member pledges himself to use all his influence among his confrères throughout the Province, to have the necessary penal clauses incorporated in our Medical Bill, for the better security of all parties interested.  
—*Carried.*

Dr. Agnew then read the report of the Committee on Registration.

Moved by Dr. Lavell, seconded by Dr. Pyne,—That the report of the Committee on Registration, now presented, be referred to the Committee of the Whole.

Dr. Lavell was called to the chair, and the report considered in committee, clause by clause, and carried.

The Committee then rose, and reported the adoption of the report.

The President resumed the chair, and the report was concurred in by the Council, and is as follows:—

## REPORT OF COMMITTEE ON REGISTRATION.

*Your Committee beg to report, as follows :—*

First. Ninety-nine additional members of the College of Physicians and Surgeons have been registered since January 1st, 1870. The number of students registered since the last meeting of the Council is one hundred and fifty-nine, of whom seventy-nine passed the examination before the examiners of this College—sixty-two in Toronto and seventeen in Kingston: the remaining eighty matriculated prior to 1869, in the various colleges of Ontario and Quebec.

Second. The case of a student having been allowed to matriculate a few days after the time appointed for holding the examination, and a doubt having arisen as to the propriety of registering him: your Committee, while accepting the examiner's certificate, recommend that, for the future, irregularities of this kind should not be permitted without most satisfactory reasons.

Third. As some doubts appear to have arisen in regard to the interpretation of Section 23, Sub-section 2, of the Ontario Medical Act: your Committee are of the opinion, that persons applying for registration under this clause, must produce evidence of having been actually practising medicine prior to January 1st, 1850, and of having attended one course of lectures at any recognized medical school prior to such application.

Fourth. Your Committee received a communication in regard to the right of a person registered as holding a certificate of the Eclectic Medical Board, and also a licentiate of the Royal College of Physicians and Surgeons, Kingston, to withdraw the registration of the former diploma, and retain the latter only. Upon this your Committee recommend, that any person having two or more qualifications entered in the Register, may, at any time, by signifying his wish to the Registrar in writing, have any number of said qualifications or additions erased from the Register, provided that at least one qualification remains.

Fifth. The following gentlemen have announced themselves as candidates for the office of Registrar:—Drs. Joseph Howson and George Wright, of Toronto; Dr. Trew, of Newcastle, and Dr. Tuck, of Guelph. Your Committee are of the opinion that the business of the Council would be greatly facilitated if the Registrar and Treasurer resided in the same place.

All of which is respectfully submitted.

J. N. AGNEW,  
*Chairman.*

## NOTICES OF MOTION.

Dr. Campbell gives notice that, at next meeting of Council, he will introduce a bye-law with reference to the election of Homœopathic and Eclectic members of Council, in June, 1872.

Dr. Berryman gave the following notice of motion, seconded by Dr. Dewar,—“That the Registrar be instructed to furnish a revised list of all registered practitioners, who may have thus registered, to the first day of January, 1872.”

Dr. Brouse gives notice that, at the next meeting of this Council, he will move certain resolutions respecting the introduction of penal clauses into our Medical Bill, relating to parties practising or dispensing medicines.

Dr. Dewar gave notice of motion with regard to the appointment of Returning Officers, and mode of conducting the elections for the representatives of the regular medical practitioners, for the ensuing June, 1872.

Dr. Aikins gives notice that, at next meeting of Council, he will move that the Secretary of the Eclectic body be requested to furnish the Registrar of this Council with a full and complete list of all persons who passed the late Eclectic Board.

The Treasurer read his report for the past year. Referred to the Finance Committee.

Moved by Dr. Aikins, seconded by Dr. Grant,—That a copy of the last Medical Register, and copies of the annual announcements of the College of Physicians and Surgeons of Ontario, be presented to each of the Superintendents of Insane Asylums, now in this city.—*Carried.*

Dr. Lavell gives notice of motion,—That extracts from the Medical Act, referring to the legal requirements of medical men, as to giving evidence and signing certificates, be published in the *Ontario Gazette*, under the authority of this Council.

Dr. Brouse gave notice of motion to the effect, that fifteen copies of the Register be given to each member of the Territorial Divisions, for distribution.

The Council then adjourned till half-past seven o'clock p.m.

#### EVENING SESSION.

The Council was called to order at eight o'clock. The Vice-President in the chair.

The roll was called. Absent, Drs. Covernton, Oldright, Allen and R. H. Clark.

Moved by Dr. Agnew, seconded by Dr. McGill,—That the name of Dr. Strange be added to the list of candidates mentioned in the report of the Registration Committee.—*Carried.*

Dr. Brouse, the retiring President, was then declared a member, *ex officio*, of all committees.

Dr. Strange then read the Registrar's report for the past year, which was referred to the Finance Committee.

On motion the Council adjourned at 9 o'clock p. m.

THURSDAY, June 8th, 1871.

The Council was called to order at ten o'clock. The President in the chair.

The President desired to correct an error, into which he led the Council yesterday. He had then informed them that he had been requested by Dr. Workman to invite the members of this Council to the conversazione to be held at the Provincial Asylum, on Thursday afternoon. He had now to inform the Council that, from a conversation held with Dr. Workman this morning, he learned that Dr. Workman intended the invitation not to be a general one to all the members of the Council, but only to those who are his personal friends.

Dr. Brouse explained that he was present when Dr. Workman gave the invitation, and that he certainly understood that the members of the Council as a body were then invited. However, as Dr. Workman has now qualified the invitation, he considered that he could not, in justice to his fellow-members of the Council, accept the invitation as a member of the Council.

Dr. Campbell asked whether the President could inform the Council if Dr. Workman had taken exception to the presence at the Asylum of any member or members of this Council? To this the President replied in the negative.

Several members of the Council expressed their dissatisfaction at the alteration of the terms of the invitation, and stated their determination to absent themselves under such circumstances.

Dr. Campbell desired to express the thanks of the Homœopathic and Eclectic members of the Council, to the representatives of the other school, for their support and sympathy under this slight, for such they could not help considering it.

It was then determined that the invitation, as delivered yesterday, should be withdrawn.

Dr. Pyne introduced the report of the Finance Committee, which was taken up in Committee of the Whole. Dr. Adams in the chair.

In committee, the report was amended and adopted.

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#### REPORT OF THE FINANCE COMMITTEE.

Your Committee having considered and carefully examined all accounts, documents and reports presented to them beg leave to report as follows:

1st. The report of the Treasurer referred to this Committee has been examined, vouched, and found correct, and the balance

in his hands produced in accordance with the account in the bank book, and amounts to the sum of \$1,851.61.

2. The Report of the Registrar and Secretary, also referred to this Committee, has been examined, vouched and found correct, with the following exception, to which your attention is hereby drawn,—he has charged the sum of \$80 for acting as Secretary at the late examinations held in this city; and as your Committee conceive that provision was made by this Committee at its late session for the payment in full of all his duties as Secretary and Registrar, they therefore decline to order the payment of the said sum of eighty dollars. And further with respect to the Registrar's account: your Committee recommend that the Registrar shall hand over to the Secretary all moneys received by him, and shall, from time to time, render his account for salary, &c., &c., to the Treasurer, who shall be authorised to pay the same, and take his receipt therefor, which receipt shall be accepted as a voucher for so much in the Treasurer's account.

3. Your Committee also report that they have prepared and submitted a Bye-law to the Council providing for the appointment and payment of the following officers, viz.: The Secretary, Registrar, and the returning officers for the ensuing election of the members of this Council. The Secretary-Registrar to receive the sum of six hundred dollars for his services during the ensuing year, inclusive of all collateral expenses other than travelling expenses, when absent on the business of this Council, and the returning officers the sum of five dollars each for their services.

4. Your Committee also recommend that the examiners for the ensuing year should be paid at the same rate as last year, viz.: Ten dollars per day for the first five days, and five dollars per day for all other days necessarily spent at the examinations.

5. Your Committee also recommend that the sessional allowance to members of this Council in attendance at this session shall be at the same rate as heretofore, six dollars per day with travelling expenses.

6. Your Committee also recommend that the caretaker of this room shall receive the sum of ten dollars for his services.

7. Your Committee also recommend the payment of the unpaid accounts hereby submitted together with the balances due to the examiners amounting in the aggregate to the sum of \$341.32.

8. The attention of this Committee having been drawn to the large unnecessary expenditure connected with the printing of election notices, they would recommend that a committee be appointed to wait upon the Legislature with a view to obtaining an amendment of the clause relating to this matter whereby the said expenditure may be curtailed.

9. Your Committee feel that they cannot conclude this report without recommending that the sum of \$100 be placed at the disposal of a committee to provide a suitable testimonial for Dr. Aikins in recognition of his valuable services as Treasurer of this Council,—said committee to consist of Drs. Brouse, Clark, Grant, and Campbell. All of which is respectfully submitted.

THOMAS PYNE,

*Chairman.*

The President resumed the chair, when Dr. Oldright moved, seconded by Dr. Clarke,—That the report of the Finance Committee be amended by expunging clauses 3 and 8, and inserting the following:—That a committee of this Council be appointed to seek an amendment to the Ontario Medical Act, with a view to the reduction of the expenditure in connection with the election of members of this Council. That it be an instruction to said committee to seek an amendment to clause 12, such as shall confine the printing of election notices to our medical journals and four newspapers, one in the western, one in the eastern and two in the central sections of the Province; and shall transfer the duties of returning officers to the Secretary and Registrar of the College of Physicians and Surgeons.—*Lost.*

On motion, the Council adjourned till half-past seven p.m.

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EVENING SESSION.

The Council was called to order at 7.45. Dr. Lavell was called to the chair, in the absence of the President and Vice-President.

The roll being called, the following members were absent: Drs. Covernton, Hamilton, Agnew, Dewar, Mostyn, Berryman, Aikins, Grant, Cornell and R. H. Clark.

Moved by Dr. Brouse, seconded by Dr. McGill,—That 15 copies of the Register be given to each member of the Territorial Divisions, for distribution.—*Carried.*

Moved by Dr. Bethune, seconded by Dr. Carson,—That five copies of the Medical Register be given to each member of this Council who does not represent a Territorial Division.—*Carried.*

At this stage Drs. Hamilton, Dewar, Mostyn and Cornell came in.

Dr. Brouse moved, seconded by Dr. Day,—That the Council resolve itself into Committee of the Whole forthwith, for the insertion in the Bye-Law of the names of the paid officers of the Council.—*Carried.*



Before going into Committee of the Whole Dr. Oldright moved, seconded by Dr. Clarke, a resolution to the effect that, with a view to save expenses, the Registrar act in the capacity of returning officer for the whole of the territorial divisions, and that the printing be confined to certain papers, and the two medical journals of this Province. He thought that it was very desirable to curtail the expenses by discontinuing the returning officers, and thus reduce the amount expended triennially in this way. The last election cost the Council over \$300, a large portion of which might be saved by the adoption of the motion now before the house.

Dr. Dewar said he was surprised at Dr. Oldright coming forward now in favor of economy, when at previous meetings he had taken up so much of the time of this Council. We in the country want free trade, and no close corporation such as is proposed in this resolution.

Dr. Day remarked that it was very strange that we were not allowed to arrange our election matters when we have allowed the Homœopaths and Eclectics to arrange theirs to suit themselves. I am surprised at Dr. Oldright, a member of the Finance Committee, in bringing in a report and then turning round to upset that arrangement. If a tie should occur who should decide? Suppose a tie should occur in five or six constituencies the Registrar would give the casting vote and virtually have the power of electing five or six members of this Council.

Dr. Agnew thought the elections should be held openly in each division, and the electors brought face to face. He was in favor of a public nomination, at which there might be a general discussion of those subjects appertaining to the profession.

Dr. Clark, as seconder of the resolution of Dr. Oldright, said that he was a member of a territorial division, but he was in favor of economy. The last elections were very expensive, and he thought it was the duty of the Council to act for the good of all. The Homœopaths and Eclectics did not ask for returning officers as they wanted to save expense. Why should they be dragged into the discussion? The University representative has nothing to do with it, but he wants to save expenses. The registrar acting in the capacity of returning officer would be amenable to this Council, while the returning officers appointed by

the members of the Council may be the head of a clique and would be most likely to give the casting vote for the man who appointed them.

Dr. Day—The Registrar would be as likely to give his casting vote for the man who appointed him.

Dr. Clark thought not. With regard to nominations the distance is too great to expect successful public nominations. It would be managed by a few in some central place, and outsiders would have no say in the matter. If this Council has due regard to economy they will try to control expenses, so that we may be able at some future time to obtain a local habitation. Scrutineers might be appointed to act with the Registrar.

Dr. Hamilton did not wish to interfere with an arrangement that had worked so well, and he was therefore opposed to any change in the mode of elections.

Dr. Oldright's motion was then voted upon and declared lost.

The President called Dr. Adams to the chair.

The ballot was then taken, Drs. Edwards and Mostyn acting as scrutineers.

First ballot—Strange 14, Wright 6, Howson 4, Trew 2. Dr. Strange was declared elected.

On motion, Dr. Aikins was elected Treasurer.

The following gentlemen were appointed returning officers for the respective Territorial Divisions:—

St. Clair and Western.....	Dr. Poussette.....	Sarnia.
Malahide and Tecumseth.....	Dr. J. M. Fraser ...	London.
Saugeen and Brock.....	Dr. Herod .....	Guelph.
Gore and Thames .....	Dr. James Hayes .	Simcoe.
Erie and Niagara.....	Dr. Davis .....	York.
Burlington and Home.....	Dr. J. Mackelcan .	Hamilton.
Midland and York .....	Dr. James Ross....	Toronto.
Kings and Queens.....	Dr. Gunn .....	Whitby.
Newcastle and Trent.....	Dr. Powell .....	Cobourg.
Quinté and Cataraqui .....	Dr. O. S. Strange .	Kingston.
Bathurst and Rideau.....	Dr. McGillivray ...	Ottawa.
St. Lawrence and Eastern.....	Dr. Chamberlain...	Morrisburg.

The Committee rose, and reported the above names.

On the President resuming the chair, on motion of concurrence, Dr. Day moved in amendment as follows:—

Moved by Dr. Day, seconded by Dr. Oldright,—That so much of the report as refers to the appointment of Dr. Strange, be referred back to the Committee of the Whole, to be amended.

Dr. Day said there was a strong feeling throughout the country against Dr. Strange, and he wished to put himself right before his constituents. He referred to letters he had received, complaining of negligence on the part of Dr. Strange. Some of these he had forwarded to Dr. Brouse, the President. The profession in his part of the country considered Dr. Strange unfit for the office, and he mentioned cases to bear out his statement. The cases of Dr. Thornton, of Constance, and Dr. Justice, of Unionville, were cited as instances of the grossest neglect. He demanded the yeas and nays.

Dr. McGill said he voted against Dr. Strange. His constituents were very much opposed to the re-appointment of that gentleman, and the first question that would be asked him on his return would be, "How have you reappointed this officer?"

Dr. Campbell said a worse Secretary than Dr. Strange could not be; he neglected to answer three letters of his; but nevertheless, in consequence of the admirable manner in which he had performed his other duties as Registrar, and the valuable assistance he was able to give at the examinations, he voted for him. The Council was now in a transition state; they are on the eve of the elections, and it was important to have an experienced officer to take charge of the business; consequently he was of opinion that, in the interest of this Council and the profession, it would be unwise to make a change at this critical period.

Dr. Aikins remarked that no Parliament could last that would set at nought the feelings of its constituents. There is a general feeling of disapprobation from all parts of the country, and we cannot overlook the reports from the different constituencies with reference to this matter.

Dr. Hamilton.—It is true that complaints are made regarding Dr. Strange's inattention to his correspondence; but he is now to remove to Toronto, and as he has been highly spoken of as an officer of the Council in the matter of registration and examinations, it would be better to continue him for the present. His work as Registrar has been performed to the satisfaction of everyone.

Dr. Oldwright stated that he was told that a clause in the re-

port of the Board of Examiners recommending Dr. Strange was introduced by a private member, and not sanctioned by the Board.

Dr. Campbell denied that anything of the kind had been done. The approval was unanimous that Dr. Strange had performed his services most efficiently, and that a present was given to him as a token of their appreciation of his services.

Dr. Lavell said he could not approve of a change at present, but was sorry that Dr. Strange had been so lax in his correspondence. He thought some allowance should be made, Dr. Strange had to depend upon his practice, as the salary of the Registrar was not sufficient to support him. He hoped it would be a lesson to Dr. Strange, and he thought he would live it down, and suggested that the Registrar be heard in defence of his conduct.

Dr. Day.—Certainly. Let him have it.

The President, Dr. Covernton, stated that he had received a great many communications from students referring to their diplomas. Some of them refused to pay the registration fee of \$10, and the Registrar did not feel at liberty to issue the diplomas until they paid their fee.

The President took the advice of a lawyer, who told him that the Council could not collect the \$10 fee, and he communicated this information to Dr. Strange. Some students also complained of not receiving certificates of registration.

Dr. Brouse said that he had received a great many letters complaining of Dr. Strange, and that he had written to him. On one occasion the Registrar stated that he had been sick, and would attend to the matters referred to at once. I voted against Dr. Strange in duty to myself, to my constituents, and to the Registrar himself. He is coming to Toronto, and has promised to do better, and I hope he may redeem himself.

Dr. Bethune, seconded by Dr. Aikins, moved that Dr. Strange be heard in explanation.—*Carried.*

Dr. Strange thanked the Council for the privilege extended to him. He said that some of the charges were of an indefinite character; others more definite, and to these he would refer. In the case of Dr. Thornton he plead guilty of neglect. He thought his assistant had sent the diploma to him, but instead of doing so he had placed it back among others in the pigeon holes, and he only discovered it last Saturday night.

In reference to charges in the *Canada Lancet*, the first was an article from the *Northern Light*, Orillia, with comments by the Editor, in the December number of the *Lancet*. He stated that he was not certain how to act in issuing the diplomas, in consequence of the refusal on the part of some to pay the registration fee of \$10. He issued a circular to each member of the Council asking for information.

Dr. Oldright—I received none.

Some answered the circular, but the majority did not. He then consulted a lawyer, and was told that the Council were not compelled to issue diplomas, and that to issue them under the circumstances would bring either the diplomas or the Council into contempt. He next wrote to the President, who said he had better issue them than have any trouble. Some have registered and received their diplomas, others have not. In the case of Dr. Justice, of Unionville, who writes a very careless hand, he mistook the P. O. address for Union mills, and that accounts for the non-receipt of the letter addressed to him.

With reference to students not receiving certificates of registration, he had only to say that he had none to give them at the time referred to.

In some instances he refused to send registers unless registered, as some of them had gone astray. In many instances, he had been obliged to send two or three to one person before they had been received. He sent three to a gentleman in Delaware.

With reference to the complaint of Dr. Saunders, in the *Canada Lancet*, he said he was aggrieved at the tone of his letters. They were couched in the most ungentlemanly and uncalled-for language, and he was in no hurry to reply to them.

Dr. Aylwin was neglected for some time, owing to the number of letters he had to reply to at that time; some 800 or 900 letters were awaiting replies, and they were taken in their order. He told Dr. A. that his qualification did not entitle him to registration, as the diploma was not dated, and was very carelessly filled up. Dr. A. also gave his address sometimes Onslow, sometimes Jeno Village, Fitzroy Harbor, &c. He wrote to Dr. A. when he saw his letter in the *Lancet*, and asked the date of his diploma. He then wrote to the Secretary of the College of Physicians and Surgeons, Quebec, and got the date from them, and had since registered his name. Since the examination this

spring, he had issued all the diplomas that have been registered—thirteen in number. They have been sent within the last few days.

He was also instructed by the Council some time ago not to answer any questions contained in the Register, as it would diminish the sale.

In the matter of correspondence, he had to plead guilty of negligence, owing to the pressure of other duties. He had consented to remove to Toronto at a great personal sacrifice, and he was anxious to redeem his character in this respect.

On the yeas and nays being called for, on Dr. Day's motion, they were recorded as follows:—

*Yeas*—Drs. Edwards, Hyde, Agnew, McGill, Day, Mostyn, Brouse, Oldright, Bethune and Aikins; total, 10.

*Nays*—Drs. Clarke, Pyne, Hamilton, C. B. Hall, Grant, Lavell, Campbell, Field, Allen, Springer, Adams, Hopkins, Cornell, Carson and J. J. Hall; total, 15.

The motion of Dr. Day was declared lost.

Moved by Dr. Campbell, seconded by Dr. Pyne,—That Dr. Strange's explanation of the charges of remissness of duty be accepted by this Council as satisfactory. Carried on the following division:—

*Yeas*—Drs. Clarke, Pyne, Hamilton, Grant, Lavell, Campbell, Field, Allen, Springer, Adams, Hopkins, Cornell, Carson and J. J. Hall; total, 14.

*Nays*—Drs. Hyde, Agnew, McGill, Day, Mostyn, Oldright, Bethune, Aikins and C. B. Hall; total, 9.

Dr. Campbell asked leave to introduce a Bye-Law, to amend the Bye-Law relating to elections of the Homœopathic and Eclectic representatives in the Council.—*Granted*.

First reading of the Bye-Law for the election of Homœopathic and Eclectic representatives in 1872:—

Whereas, it is expedient to amend the Bye-Law relating to the election of Homœopathic and Eclectic representatives in the Council. Be it therefore enacted,—That the elections for the Homœopathic and Eclectic members of the Council of the College of Physicians and Surgeons of Ontario, shall be conducted in the same manner as the last election, with the following exceptions: that whenever any functions or duties are assigned to the Secretary of the Homœopathic and Eclectic Medical Board,

they shall be performed by the Registrar of the College of Physicians and Surgeons of Ontario, and that the Registrar shall, immediately after the result of the election is ascertained, communicate it to the successful candidates by mail.

On motion for adoption, it was carried *nem con.*

The Council then adjourned till 10 next morning.

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FRIDAY, June 9th, 1871.

The Council was called to order at half-past eleven o'clock. Absent, Dr. R. H. Clark.

The minutes of the previous meeting were read and confirmed.

The President read a communication from Dr. Dewar, tendering his resignation, in consequence of what he considered insults, offered him the previous evening, by certain members of the Council.

The President read clause 11 of the Act, with reference to the matter.

Dr. C. B. Hall said that, if any reference was meant to the remark he had made, he had only to say that such a thing as an insult to Dr. Dewar was the most remote from his mind, and he wished most distinctly to make this statement.

Dr. Lavell said that he was quite certain that no member wished to insult Dr. Dewar, and he thought that a little explanation would clear the matter up.

Dr. Brouse explained to the Council the circumstance under which Dr. Dewar felt himself aggrieved, from which it appeared that it was the result of a misunderstanding with reference to the seconding of a motion before the chair, Dr. Brouse having understood Dr. Dewar to say that he would second his motion, but that Dr. Dewar subsequently disclaimed any intention of so doing.

Dr. Berryman suggested the appointment of a committee, to settle the matter amicably. It was accordingly done, and the matter dropped.

Dr. Brouse asked leave to introduce a Bye-Law for the appointment of Examiners for the ensuing year.—*Granted.*

The Bye-Law was read a first time, in blank.

Dr. Aikins read the report of the Educational Committee, which was then considered clause by clause in Committee of the Whole. Dr. Field in the chair.

#### REPORT OF EDUCATIONAL COMMITTEE.

Your Committee beg to recommend:—1st. That they received and examined the reports of the Matriculation Examiners—Dr. Wickson and Mr. Wood—and regret that, through some misunderstanding, the latter gentleman has not forwarded with his report the Council portion of the fees received from the candidates passed by him.

2nd. That hereafter the Matriculation Examinations shall be held on the first Tuesday and Wednesday of January, April, July and October of every year.

3rd. Your Committee recommend the re-appointment of the Matriculation Examiners for the ensuing year, and that the Registrar send them the necessary notice.

4th. That clause 6, page 8, be amended by inserting, in the first line, after the word "Primary," the words "or Final."

5th. Your Committee would further recommend, that that portion of the note on page 6, which pertains to the number of days of actual attendance on lectures by students, be struck out.

6th. That clause 2, on page 7, be amended by inserting, in the second line, before the word "third," the words "second or."

The report was then concurred in by the Council.

#### BYE-LAW FOR THE APPOINTMENT OF EXAMINERS FOR THE ENSUING YEAR.

Whereas, power has been granted to the Council of the College of Physicians and Surgeons of Ontario, by the Ontario Medical Act, to appoint a Board of Examiners. Be it therefore enacted as follows:—

That the following gentlemen be appointed as a Board of Examiners for 1872:—Drs. H. H. Wright, Sangster, Sullivan, Temple, Bergin, Bucke, Lizars, Tuck, Walker, Dewar, Cole, Campbell, Field, Carson and Cornell.

The Committee rose, reported progress, and asked leave to sit again.—*Carried.*

The President then presented the Treasurer, on behalf of the Council, with a salver and water urn, to which Dr. Aikins made a suitable reply.

On motion, the Council adjourned till two o'clock.



## AFTERNOON SESSION.

The Council was called to order at half-past two o'clock. In the absence of the President and Vice-President, Dr. Edwards was called to the chair.

The Secretary called the roll. Absent, Drs. Clarke, Covernton, Pyne, Hamilton, Dewar, Day, Mostyn, Brouse, Berryman, Bethune, Grant, Lavell, Campbell and R. H. Clark.

Moved by Dr. Aikins, seconded by Dr. Allen,—That hereafter all candidates for Final Examination shall include with the fee for said examination, the fee for Registration and Diploma, and that, in case of rejection, said Registration fee shall be part of fees returned to the candidate.—*Carried.*

Moved that the rule, requiring notice of motion, be suspended.—*Carried.*

At this stage, Drs. Clarke, Covernton, Pyne, Hamilton, Mostyn, Brouse, Berryman, Bethune, Grant, Lavell and Campbell came in.

Moved by Dr. Hyde, seconded by Dr. McGill,—That the Executive Committee be dispensed with, and the duties of such be performed by the President and Vice-President.

Dr. Adams opposed the motion. He said that a good deal of business came before this committee and it was important to have it. It was very desirable to have some persons clothed with authority to act in the interim.

Dr. Hyde said that they had full confidence in the President and Vice-President, and he did not see the propriety of continuing the Executive Committee as these officials were perfectly competent to arrange any matters that might come under their adjudication.

Dr. Campbell thought that they ought to have the committee in reserve, but not to be called upon unless absolutely necessary. He thought it would be more satisfactory to have that body as a sort of court of appeal. The elections are coming on and their services may be necessary.

Dr. Aikins supported the motion, and remarked that it would be less cumbrous and more convenient to be without this committee.

The President stated that certain questions might come up which Dr. Hamilton and himself might not feel at liberty to

decide upon, and it would be well to have the committee in reserve.

Dr. McGill thought that these matters would be safe in the hands of the President and the Vice-President. In reference to the argument advanced by a previous speaker, he said that cases might arise that even the Executive Committee could not adjudicate upon. He thought that the necessity for the Executive Committee no longer existed, and suggested that the Registrar and Treasurer act in this capacity, and if they could not decide that the President and Vice-President could assist them.

Dr. Berryman objected to Dr. Aikins as arbiter, and said that Dr. Oldright, Hall, Lavell and he would not like it. He thought it was absolutely necessary to have an Executive Committee—some local officers to discharge any interim duties that may arise. Last year a mistake occurred with regard to holding the examinations on Good Friday as was originally intended, which, but for the intervention of this committee, would have rendered the examinations illegal. He also thought it would be very expensive to bring the President and Vice-President to Toronto to arrange such matters, and suggested a local committee.

Dr. Oldright said that if a member was appointed on this committee from one school the others would ask the same privilege, and the result would be a large and expensive committee. He was also in favor of the Registrar, with the President's assistance, acting in this capacity.

Dr. Aikins stated that year before last this committee cost the Council upwards of \$200, although last year it was only about \$50. If the Executive Committee can meet when they please and interfere with the deliberations of this Council, where is to be the end of it? This committee was convened at the Queen's Hotel, and the programme of examinations printed before he was notified of it, although a member. He felt strongly on this matter.

Dr. Berryman said he expected Dr. Aikins would bring this matter up. He stated that Dr. Aikins sent word to him that he was going out of town, and asked him (Dr. Berryman) to attend to the matter for him, and he held in his hand a programme of the examination which had been made out by Dr. Aikins in his own handwriting, but because the one we made out did not

suit Dr. Aikins he took legal advice and tried to upset the whole concern, and told us that we had no power to act in the premises.

Dr. Hall thought that the President might be entrusted with interim business, with power to call the Executive Committee together if necessary.

Dr. Clark said he had taken a great deal of interest in these matters, and thought that the Executive Committee should be continued. It was stated by the lawyer that Dr. Aikins had consulted that the Council had no authority to delegate its power to a committee, but with all due deference he said they had the power to appoint a committee to do any work, and when that was ratified by this Council it was as legal and binding as if done by the Council in the first place. He felt that we should economize and endeavor to lay up funds to secure a *locus standi* of our own. It was very humiliating indeed to have the door shut in our faces at Toronto University on Good Friday, and shows us the necessity of establishing a hall of our own. He would leave off the school men altogether in the formation of this committee. He was in favor of that in the first place.

Moved in amendment by Dr. Berryman, seconded by Dr. Adams,—That Drs. Aikins, Berryman, Lavell, C. B. Hall, Oldright, the President and Vice-President be the Executive Committee for the ensuing year; from the Homœopathic Board, Dr. Adams; from the Eclectic Board, Dr. Hopkins.

Dr. Oldright said that Dr. Berryman was now going in the face of his own argument, that it would be too expensive to bring the President and Vice-President to Toronto. This resolution would quadruple the expenses, and he thought it would be much better to appoint the President, Vice-President and Registrar.

Dr. McGill said he had committed an unpardonable sin in proposing Dr. Aikins as arbiter, and he now rose to drop him, and support the President, Vice-President and Registrar, as a committee. In this way the business would be in the hands of men unconnected with the schools.

Dr. Berryman's amendment was then put and lost, on the following division:—

*Yeas*—Drs. Pyne, Agnew, Berryman, Bethune, Lavell and Adams; total, 6.

*Nays*—Drs. Edwards, Hyde, W. Clarke, Hamilton, McGill,

Day, Mostyn, Brouse, Oldright, Aikins, C. B. Hall, Grant, Campbell, Field, Springer, Hopkins, Cornell, Carson and J. J. Hall; total, 19.

Absent, Drs. Dewar, Allen and R. H. Clark.

Moved in amendment by Dr. Grant, seconded by Dr. Brouse,—That the same Executive Committee be appointed as last year, and that in all cases the power be vested in the President whether the whole Committee shall be summoned, or a decision otherwise arrived at, in which instance the power shall rest with the President and Registrar.—*Carried.*

Moved by Dr. Carson, seconded by Dr. Hall,—That the name of Dr. Hopkins be placed on the Executive Committee, in place of Dr. R. H. Clark of Cobourg.—*Carried.*

Moved by Dr. Clarke, seconded by Dr. Berryman,—That Dr. Campbell's name be placed on the Executive Committee, instead of Dr. W. Clarke's.—*Carried.*

The Council then resolved itself into Committee of the Whole, to consider the Bye-Law appointing Examiners, when the following resolution was carried :—

Moved by Dr. Hamilton, seconded by Dr. Clarke,—That Dr. Pyne be a member of the Board of Examiners for the current year.—*Carried.*

The Committee rose, and reported that Dr. Pyne's name had been added to the list.

The President asked for the concurrence of the Council on the third reading of the Bye-Law, when it was amended by striking out the names of Drs. Walker, Cole and Pyne.

The following are the names of the Examiners, with the subject assigned each:—Dr. Wright, Medicine; Dr. Sangster, Chemistry; Dr. Sullivan, Anatomy; Dr. Temple, Toxicology; Dr. Bergin, Midwifery; Dr. Bucke, Physiology; Dr. Lizars, Surgery; Dr. Tuck, Materia Medica; Dr. Dewar, Medical Diagnosis; Dr. Campbell, Medical Jurisprudence; Dr. Field, Surgical Pathology; Dr. Carson, Sanitary Science; Dr. Cornell, Botany.

Dr. Brouse moved, seconded by Dr. Aikins,—That the programme relating to the hours and days of Examination be left to the President.—*Carried.*

Moved by Dr. Aikins, seconded by Dr. Lavell,—That the President do cause the annual circular to be forthwith published, and one hundred copies to be sent to each school, and one to each registered practitioner in Ontario.—*Carried.*

Moved by Dr. C. B. Hall, seconded by Dr. Edwards,—That the Editor of the *Lancet* be requested to print and distribute three copies of the proceedings of this Council to each member.—*Carried.*

Moved by Dr. Day, seconded by Dr. Berryman,—That the next Annual Examination be held in Kingston.—*Carried.*

Moved by Dr. Berryman, seconded by Dr. Clarke,—That the thanks of the Council of the College of Physicians and Surgeons of Ontario be presented to the Warden and Council of the county of York, for their courtesy in granting the use of the Council Chamber for the sittings of this Council.—*Carried.*

The President announced that the resignation of Dr. Dewar, as member of this Council, was withdrawn.

The Council was then adjourned till 8 o'clock.

#### EVENING SESSION.

The Council was called to order at 8 o'clock. Absent, Drs. Hyde, Pyne, McGill, Dewar, Day, Mostyn, Brouse, Oldright, Berryman, Bethune, Lavell, Allen, Adams, Cornell and R. H. Clark.

Dr. Grant asked leave to introduce a Bye-Law to fix the time of holding future meetings of the Council.—*Granted.*

It was then introduced and read a first time.

On motion, the council went into committee on the second reading of the Bye-Law. Dr. Field in the chair. The Bye-Law was read a second time. The committee rose and reported accordingly.

When the President resumed the chair, it was read a third time and passed.

#### BYE-LAW TO FIX FUTURE MEETINGS OF COUNCIL.

Whereas, it is expedient to fix the place of holding subsequent meetings of the Council. Be it therefore enacted as follows:—1. That all future meetings of the Council of the College of Physicians and Surgeons of Ontario be held in the city of Toronto. 2. The period of calling any such meetings shall be determined by the President for the time being, except when the Council appoints any special time beforehand.

Dr. Campbell moved the Council into committee on the

second reading of the Bye-Law read the first time yesterday. Dr. C. B. Hall in the chair. The Bye-Law was then formally passed the second and third reading.

Moved by Dr. Campbell, seconded by Dr. Edwards,—That a general feeling of dissatisfaction exists throughout the country at the insufficiency of what are known as the penal clauses of the Medical Act, in restraining irregular practitioners, and that a committee be appointed to draft amendments to the Medical Act, so as to increase its efficiency; to report the result to the President, who may, at his discretion, instruct the Executive Committee to bring a Bill before Parliament, at its next session, for that purpose; the said committee to consist of Drs. Brouse, Aikins, Oldright, Cornell, Berryman, Lavell and the mover.—*Carried.*

Moved, as a rider to the foregoing, by Dr. Grant, seconded by Dr. Agnew,—That any amendments to be made to the Medical Bill be submitted for the consideration of this Council, prior to applying to Parliament for the introduction of such.. Lost, on the following division :—

*Yeas*—Drs. Hamilton, Agnew, Dewar, Aikins, C. B. Hall, Grant and Lavell; total, 7.

*Nays*—Drs. Edwards, Clarke, Pyne, Oldright, Berryman, Campbell, Field, Springer, Adams, Hopkins, Cornell, Carson and J. J. Hall; total, 13.

Moved by Dr. Oldright, seconded by Dr. Agnew,—That no amendments, except those relating to penal clauses and to the printing of election notices, be sought by any committee appointed by this Council, except by previous concurrence of the Council.

Dr. Edwards said if there was one thing more than another that was demanded of the profession, it was the insertion of a penal clause. The profession would favor the Act, if they only had a proper clause in it to that effect. The medical men in the western part of the country were more annoyed with peripatetic quacks than those in other parts, and they would be perfectly satisfied with the present Act, if that amendment were made.

Dr. Berryman spoke in favor of limiting the action of the committee to those two points referred to. He did not think it judicious to give any committee full powers to introduce whatever clauses they might deem necessary. Their powers should be restricted.

Dr. Hamilton, in some forcible remarks, showed that it would be a dangerous thing to submit the proposals of a mere committee to the Legislature. There were free-traders in medicine among the members of Parliament, and the changes they wished should be backed up by concurrence of the whole Council. Nothing short of that would be of any effect.

After some further remarks by Dr. Clarke and others, the motion was put and carried.

A motion of adjournment was lost, on the following division :

*Yeas*—Drs. Agnew, Dewar, Oldright, Berryman, Aikins and Lavell ; total, 6.

*Nays*—Drs. Clarke, Campbell, Field, Springer, Adams, Hopkins, Cornell, Carson and J. J. Hall ; total, 9. Absent, 13.

Dr. Campbell introduced the following resolution :—

Moved by Dr. Campbell, seconded by Dr. Carson,—That graduates in medicine from the Homœopathic colleges in the United States, known as the Cleveland Hospital College, the New York Homœopathic Medical College, the Chicago Hahnemann Medical College ; and from the Eclectic colleges, known as the Bennett College of Chicago, Eclectic Medical College of New York city, and the Eclectic Medical Institute of Cincinnati, after attending one full course of lectures in one of the medical schools of Ontario, shall be admitted for final and primary examination, upon giving proof that they have been engaged in the study of medicine for not less than four continuous years, under the direction of one or more of the Homœopathic or Eclectic members of the College of Physicians and Surgeons of Ontario ; that they have passed the matriculation examination of this Council previous to the commencement of their studies, and that the degree has been conferred after having attended not less than two full winter sessions in separate years.

The President ruled that the motion could not be made without notice.

Dr. Campbell complained that the technical objection of want of notice of motion was unfairly pressed, and that if justice was not done to his school and the Eclectics, he would be compelled again to appeal to the Legislature, to interpose its authority. He then proposed to introduce his motion in the form of a By-Law, stating that he would remain all night, if necessary, to obtain justice to their schools. He said it was a matter of life and death to them.

Several of the members of the "General" or Allopathic body having come in, a motion to adjourn the Council *sine die* was put and carried, all the Allopathic members voting for it, and the Homœopathic and Eclectic against it; and upon a vote of thanks to Dr. Covernton, for his conduct in the chair. being moved,—

Dr. Campbell moved in amendment, seconded by Dr. Carson, —That Dr. Covernton, in so far as he had refused to put a motion from the chair, materially affecting the interests of the Homœopathic and Eclectic bodies, had not shown that impartiality which had always previously characterized his conduct.

The amendment was lost, and the Council adjourned.

Dr. Campbell declared that they would never meet again, as at present constituted.

## MEETING OF THE AMERICAN ASSOCIATION OF SUPERINTENDENTS OF LUNATIC ASYLUMS. TORONTO.

The first sitting of the Twenty-fifth Annual Session of the American Association of Superintendents of Lunatic Asylums was held on the 6th ult., at the Rossin House, Toronto. Dr. Butler, of Philadelphia occupied the chair, and the following gentlemen were present:—

J. S. Butler, Retreat for the Insane, Hartford, (Conn.)  
J. Ray, Philadelphia; T. S. Kirkbride, Hospital for the Insane, Philadelphia; C. H. Nichols, Government Hospital for the Insane, Washington, (D. C.); A. G. McDill, Hospital for Insane, Madison, (Wis.); A. M. Shew, General Hospital for Insane, Middleton, (Conn.); Clement A. Walker, Boston Lunatic Hospital; C. H. Hughes, Mo. State Lunatic Asylum, Fulton, (Mo.); R. L. Parsons, New York City Lunatic Asylum; Henry Riedel, Ward's Island Emigrant Hospital for the Insane; Mark Ramsay, Iowa Hospital, Mount Pleasant, Iowa; Wm. M. Compton, Mississippi State Lunatic Asylum, Jackson, (Miss.); Richard Gundry, Southern Ohio Lunatic Asylum, Dayton, Ohio; T. B. Camden, Superintendent elect West Virginia Hospital for the Insane, Weston; John Clopton, Assistant Physician E. L. Asylum, Williamsburg, Virginia; John N. Sawyer, Butler Hos-



pital for Insane, Providence, R. I.; Eugen Grissom, Insane Asylum, Raleigh, N. C.; J. M. Lewis, Northern Ohio Lunatic Asylum, Newburgh, Ohio; J. P. Bancroft, N. H. Asylum for the Insane, Concord, N. H.; D. T. Brown, Bloomingdale Asylum, New York city; A. E. Macdonald, Ward's Island Lunatic Asylum, New York; John Curwen, Pennsylvania State Lunatic Hospital, Harrisburg, Penn.

Canadian delegates:—James R. De Wolf, Provincial Hospital for the Insane, Halifax, N. S.; John R. Dickson, Rockwood Asylum, Ont.; Joseph Workman, Toronto Asylum, and Henry Lander, London Asylum.

The Secretary read the minutes of the meeting of last year, which was held at Hartford, Conn.

Dr. Kirkbride moved that the regular committees of the session be appointed. The motion was carried *nem con*.

Dr. Brouse, the President of the Medical Council, holding its session in the Court House, extended an invitation to the members of the Association to visit the deliberations on matters connected with the legislation of the medical profession.

The Committee on Business recommended that Tuesday be devoted to the reading and discussion of such papers as may be presented by members, including the resolutions of Dr. Kirkbride, offered at last meeting. On Wednesday morning, the discussion of papers, and in the afternoon, commencing at 2 p.m., the members of the Association will visit Osgoode Hall, the University and the Normal Schools; and on Thursday morning the discussion of papers will be proceeded with, and in the afternoon a visit will be made to the Lunatic Asylum. On Friday morning, the members of the Association will leave Toronto at seven o'clock, for London, to visit the Asylum there; and on Saturday, those who wish to do so, will have an opportunity of inspecting Hellmuth College.

The Finance Committee presented a report, showing that a small amount was due from the Association to the Treasurer.

Dr. Nichols moved that an assessment be made on the members of the Association, in order to clear off the debt. The motion was carried.

Dr. Curnen read a report as to the proceedings of the American Medical Association's meeting in San Francisco, and at which he was present. He gave a concise synopsis of the

remarks he made at the meeting, and explained the objections of the Association of Superintendents to affiliate with the Medical Association.

The report of Dr. Curnen was unanimously adopted, and on the motion of Dr. Nichols, the thanks of the Association were accorded to Dr. Curnen.

A resolution of condolence was passed, and a copy directed to be forwarded to the family of the late Dr. Benedict, formerly Superintendent of the State Hospital at Utica, and an old and valued member of the Association. Dr. Benedict was the inventor of a system of ventilation for hospitals, and several of the members present at the meeting spoke in the highest terms as to the good the deceased had done during his many years of professional labor.

Dr. W. M. Compton moved that the next meeting of the Association be held on the second Tuesday in April next, at New Orleans. The subject was referred to the committee on such matters.

Dr. Kirkbride then offered the following resolutions on the organization of asylums :—

*First.* That a very large majority of those suffering from mental disease, can no where else be as well or as successfully cared for, for the cure of their maladies, or be made as comfortable, if not curable, with equal protection to the patients and the community, as in well arranged hospitals specially provided for the treatment of the insane.

*Second.* That neither humanity, economy or expediency can make it desirable that the care of the recent and chronic insane should be in separate institutions.

*Third.* That those institutions—especially if provided at the public cost—should always be of a plain but substantial character; and while characterized by good taste, and furnished with everything essential to the health, comfort and successful treatment of the patient, should avoid all extravagant embellishment and every unnecessary expenditure.

*Fourth.* That no expense that is required to provide just as many of these hospitals as may be necessary to give the most enlightened care to all their insane, can properly be regarded as either unwise, inexpedient or beyond the means of any one of the United States.

## SECOND DAY'S PROCEEDINGS.

The minutes of the first day's proceedings were read and approved.

The forenoon was occupied in the discussion of some important matters, and in the afternoon the members proceeded, by invitation, to the Government House, where they were entertained by the Lieutenant-Governor and Mrs. Howland, and having spent a few hours very pleasantly, they visited the Normal School and the University.

## THIRD DAY'S PROCEEDINGS.

The Association met this morning in the House of Assembly.

The minutes of the previous day's meeting were read and approved.

After some discussion, Madison, Wisconsin, was selected by the Association for its next annual meeting, to be held on the last Friday in May.

A letter was read from Dr. Stribling, of Virginia, Superintendent of the Western Asylum there, transmitting a memorial on the death of Dr. Foverden.

The report of the Committee on Tabular Statistics was received and adopted.

By invitation of Dr. Workman, the members of the Association, with a number of ladies, left the Rossin House shortly before four o'clock in the afternoon, in carriages, to visit the Toronto Lunatic Asylum. The party made a tour of inspection of the east and west wings of the building, and also the grounds. The male and female wards were found to be in a most admirable condition for the well-being and comfort of the patients—all of whom appeared to be wanting in nothing conducive to their health and spirits. The visitors expressed their hearty admiration of the excellent condition in which the various dormitories, bath-rooms, &c., were found.

A business meeting was held in one of the parlors, when Dr. J. Ray, of Philadelphia, offered some remarks on "Proper provision for the insane," in which he expressed his objection, based on several reasons, to the isolated or cottage style of asylums, saying that the erection of rows of small houses had failed to secure the object sought for. He did not believe also in giving

patients too much freedom. It was a system which had not worked well where adopted.

A collation was subsequently served to the guests, amongst whom, besides the American Superintendents, were Hon. M. C. Cameron, Mr. J. W. Langmuir, Inspector of Prisons and Asylums; Dr. Dewar, Port Hope; Dr. Mostyn, Almonte; Dr. Day, Trenton; Dr. Covernton, Simcoe; Dr. A. A. Riddel, Toronto; Dr. Berryman, Yorkville, and others.


"The health of Dr. Workman," Medical Superintendent of the Asylum, was drank with enthusiasm, to which the Dr. made a brief address.

Mr. Langmuir proposed "the health of Dr. Butler, President of the American Association of Superintendents." The latter gentleman, in reply, alluded to the hospitable manner in which he and his friends had been received here, and the humane object of the Association of which he was President.

The party returned to the Rossin House about eight o'clock, having spent a very pleasant afternoon.

The Association having been invited by Dr. Landor, Superintendent, to visit the Asylum at London, they proceeded to that place on Friday morning, by a special car on the Great Western Railway.

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 Several very interesting and important original articles and communications are in type, but have been unavoidably crowded out. They will appear in the next issue.

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#### APPOINTMENTS.

At a meeting of the Quebec Medical Society, held on the 13th May, 1871, the following gentlemen were elected office-bearers for the ensuing year:—President, R. H. Russell, M.D., E.; Vice-President, Dr. H. Blanchet; Secretary, J. B. Blanchet, M.D.; Treasurer, J. T. Robitaille, M.D.

Dr. Fowler, of the village of Burford, has been appointed an Associate Coroner for the county of Brant.

Dr. John Mearns, of Petrolia, has been appointed Associate Coroner for the county of Lambton.

Dr. Hagarty, of London, has been appointed Associate Coroner for the county of Middlesex.

Dr. Mitchell, of Constance, has been appointed associate Coroner for the County of Huron.

# The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

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*Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto*

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TORONTO, JULY 1, 1871.

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## THE MEDICAL COUNCIL.

The late meeting of the Medical Council was well attended and the utmost harmony prevailed among the different schools until near the close of the session, when the unanimity of the proceedings was disturbed by the introduction of a resolution by Dr. Campbell, for the relief of students of the Homœopathic and Eclectic persuasion.

It is as follows:—Moved by Dr. Campbell, seconded by Dr. Carson, "That graduates in Medicine from the homœopathic colleges in the United States, known as the Cleveland Hospital College, the New York Homœopathic Medical College, the Chicago Hahnemann Medical College, and from the eclectic colleges known as the Bennett College of Chicago, Eclectic Medical College of New York City, and the Eclectic Medical Institute of Cincinnati, after attending one full course of lectures in one of the medical schools of Ontario, shall be admitted for final and primary examination, upon giving proof that they have been engaged in the study of medicine for not less than four continuous years under the direction of one or more of the homœopathic or eclectic members of the College of Physicians and Surgeons of Ontario; that they have passed the matriculation examination of this council previous to the commencement of their studies, and that the degree has been conferred after having attended not less than two full winter sessions in separate years."

The mover stated that the regulation of the council with reference to the admission of graduates from American colleges pressed with undue severity upon their students. As their seats had no colleges in Canada, their students were compelled to obtain their education almost wholly in the United States, and subsequently spend two full courses upon their return to Canada. The regulation of which he complained, and which he characterized as a fraud upon their body (although he subsequently retracted the expression) is as follows:—"All graduates from recognized colleges in the United States shall be allowed to proceed to the examinations of the council after having matriculated and passed *two* full courses of lectures in some medical school in Ontario."

Now it must be distinctly understood that this regulation applies alike to students of all schools. It is as fair to one as to another, the *Globe* to the contrary notwithstanding, and was never intended by the council to have any other effect than to secure a thorough educational training for all students presenting themselves before the Board of Examiners. The council knows no distinction of students; but demands that all shall come up to the same uniform standard of professional attainments and therefore the request could not be granted without doing an injustice to a large class of students in order to benefit a few. Besides if such a resolution was passed, and the regulation in force applied to the Allopathic students educated in the United States, many of them, we have no doubt, would be found willing to enrol themselves as Homœopathic or Eclectic students for the sake of saving the attendance upon the second session in Canada. Such manœuvring would be basely demoralizing to all concerned, and such a measure would ultimately be found a serious remedy for an imaginary evil.

Now while we are opposed to Dr. Campbell's motion *per se*, we are not opposed to any change in this respect. With all due deference to the council, we think a great mistake was made in insisting upon two full courses in Canada, subsequent to graduation in the United States. When that regulation was first introduced we believed it would press unfairly upon all graduates from the adjoining states, and we have had no reason to change our opinion on that point. If Dr. Campbell's motion were made more general, and applied to all students without distinction of

creed, then we could give it our warmest support, and we would most respectfully suggest the propriety of the council adopting the plan presented in Dr. Campbell's resolution of naming the colleges in the United States that are to be recognized, and accepting tickets from such only. This would obviate the necessity for insisting so strongly upon *two* years attendance in a Canadian school. In some of the recognizable schools in the United States a thorough course of instruction is given, and the subsequent attendance upon *one* full course in a medical school in Canada would be amply sufficient. The council has the examination of all students in its own hands, and can prevent any one passing who is not thoroughly qualified. We think Dr. Campbell much to blame in not introducing his resolution earlier in the session, so that there might have been a full and fair discussion on the points involved. It was a very important matter and should not have been left to the fag-end of the session.

We would regret very much that anything should interfere with the proper working of the Ontario Medical Act which has already done so much to elevate the standard of the profession in this Province.

A very strong feeling has been awakened in the minds of the Homœopathic and Eclectic members of the Council in reference to this matter, and it behooves the friends of the present Medical Bill to act cautiously.

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### MATRICULATION EXAMINATION.

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In accordance with a resolution passed by the Council of the College of Physicians and Surgeons of Ontario, at its late meeting in June, the Matriculation Examinations will be held quarterly: on the first Tuesday and Wednesday of January, April, July and October in every year. The next examination will therefore be held, in Toronto and Kingston, on Tuesday and Wednesday, the 4th and 5th inst. Arthur Wickson, M.A., LL.D., Examiner, Toronto; Samuel Wood, M.A., Examiner, Kingston.

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PERSONAL.—The friends of Dr. Fred. R. L. Strathy will be pleased to learn that he successfully passed the examination before the Royal College of Physicians, Edinburgh, and obtained the license from that body.

## TORONTO UNIVERSITY.

Degrees in medicine were conferred on the following gentlemen at the convocation held on the 8th ult. Degree of M.D.—S. P. Ford; Degree of M.B.—W. S. Black, G. Buchanan, J. J. Clement, H. J. Cole, G. H. Cowan, R. H. Delamatter, J. Donaldson, J. Eakins, W. Forrest, W. H. Graham, A. Groves, N. P. Henning, G. W. Jackes, A. McKinnon, C. Y. Moore, S. P. Richardson, A. Taylor, S. M. Wells.

## PRINCELY FEES FOR YOUNG CANADA.

Dr. Rosebrugh, of this city, received a check for \$200 for the removal of a cataract, a short time ago, and we have also been informed that Prof. White, of Buffalo, received \$500 for reducing an inverted uterus,—the case reported by Dr. Covernton in the last number of the *Lancet*.

## CORRESPONDENCE.

(To the Editor of the *Canada Lancet*.)

SIR,

I notice on page 597 of the London *Lancet* of date 29th April, 1871. the following extraordinary note:

“While the Home Government are scattering broadcast the orders of St. Michael and St. George, not a single member of the medical profession in Canada, has been deemed worthy of the honour.

The Fenian fiasco, for instance, brought a shower of orders to the military men; while the services of the eminent Canadian physician, Dr. Grant—services which the Government has enhanced by its recent expression of the value it sets on Dr. Grant's patient, Sir John A. Macdonald, have yet to be recognized. We think the Government would be conferring honor on itself by endowing with the K. C. M. G. the medical adviser of more than one chief administrator of Canada.”

I regret very much that any friend of the above named gentleman—for I cannot believe for a moment that Dr. Grant would be capable of doing such a bare-faced thing as the above.—should be so ill advised as to send such an advertisement.

Is it possible that Sir John A. Macdonald has not remunerated Dr. Grant for his professional not political services? Can it be true that the Chief Administrators of Canada are not in the habit of paying their medical advisers?



Be the fact so, or the reverse, I could mention the names of many in our profession in Quebec, Montreal, Kingston, Toronto, and elsewhere, whose claims are far higher than the above named gentleman, were I not deterred by the fact that I should fall into the same error as Dr. Grant's very injudicious friend has involved him in.

June 2nd, 1871.

Yours truly,

M. D.

## THE EXTERNAL TREATMENT OF SCARLATINA.

BY DR. J. MUIR, ANTWERP, N. Y.

The article of Dr. W. E. Whitehead, of the U. S. Army, on the treatment of Scarlet Fever, copied in the last issue of the *Canada Lancet* from the *Pacific Medical and Surgical Journal*, presents some features, in reference to which a certain diversity of professional opinion appears to exist. I refer more particularly to the *external* treatment therein advocated. The application of water, (cold, tepid or warm,) to the surface of the body, and inunction, at intervals, with various fatty substances, form the two proceedings which most extensively obtain, and to which, in the present communication, I shall, for the most part, limit myself. And, that we may view both sections of the subject on their merits, and according to testimony adduced, I prefer that our consideration of them should be separate and distinct. Trousseau, Niemeyer, Liebmeister, Watson, Tanner, Flint, Wood, and many other acknowledged medical authorities give a very prominent place in their works to the external application of water, at different degrees of temperature, in the treatment of Scarlatina. Flint appears to favor the *wet pack* of the hydropathists,<sup>1</sup> while most of the others esteem a simple bath as equally efficacious. Mere sponging, however, has its advocates, and the somewhat heroic cold douche or affusion is not without its friends. Perhaps to Priessnitz, in some measure, are we indebted for the more extended introduction of water as a remedial agent in Variola, Scarlatina and Rubeola.<sup>2</sup> But, while not a few of our most eminent medical teachers enjoin its employ-

1. A Treatise on the Principles and Practice of Medicine, by Austin Flint, M.D., H. C. Lea, 1868. 3rd ed., pages 840 and 922.

2. Hydriatics, as practised by V. Priessnitz, of Graefenburg, Wm. Radde, N. Y. 3rd ed., page 146.

ment, I find there are some practitioners who regard the proceeding as utterly valueless, and others who condemn it altogether. With those who ignore its claims to general acceptance, I think Sir Wm. Jenner may be classed, as his latest published clinical lecture makes no mention of it whatever.<sup>3</sup> Of the extremists who deny its utility, but regard its use with apprehensions almost hydrophobial, Dr. Sweeting, of Stratford, England, may be accepted as the leader, though his following, I think, must be a somewhat slender one, for, a glance at the leading medical publications of the past two years renders patent the fact, that almost every writer on the subject, has not only adopted the practice but expressed the greatest satisfaction at the result. From some of the more prominent of these contributors to current medical literature, (within the period specified,) I may, very briefly, quote conclusions. Dr. C. H. F. Routh<sup>4</sup> states that in all cases exhibiting a tendency to death from the violence of the fever, "cold affusions to the skin," or "cold spongings" are indicated. Dr. Walter Fergus recommends<sup>5</sup> "rapid sponging with vinegar and water" if the patient does not sleep—or there is much irritation of the skin. In cases with extreme development of the rash, and burning skin, "the cold douche, rapidly given," he says, "acts like a charm." The patient, placed in a sponging bath close to the bed, has four to five wash hand basins of cold water poured in quick succession over him, is "quickly rubbed dry," and put to bed, when, "if the treatment has done good, he drops off to sleep at once." I scarcely think the *rubbing* process likely to be well-borne. In all the cases which have come under my observation the gentler the manipulations the better. Dr. Charles T. Thompson<sup>6</sup> on the very first access of the fever puts his patient into a warm bath, and repeats it as his strength will allow, or the severity of the attack may require. He speaks of the effect as soothing and refreshing, and states the proceeding is almost uniformly followed by an eruption "so vivid in color, and of such an amount, as would astonish

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3. Clinical Lecture on Scarlet Fever, delivered at University College Hospital, 30th Oct., 1869.

4. *London Medical Mirror*, 1st April, 1870; and Report of Medical Society of London, 3rd January, 1870.

5. "On scarlatina," (*London Lancet*, vol. 2, 1869, page 703,) by Walter Fergus, M.D., Edin., &c.

6. "On the Treatment of Scarlatina," (*London Lancet*, vol. 1, 1869, page 291,) by Charles T. Thompson, M.D., M.R.C.P.

those who have never witnessed it." Dr. Thompson tells us he has had a very large number of cases of Scarlet Fever during the last fifteen years—has always treated them after this fashion and *never lost a patient*." Dr. Charles Murchison<sup>7</sup> induces free action of the skin, by means of the warm bath in all nephritic cases.

Dr. Charles Lovegrove<sup>8</sup> developes a vivid red rash by the use of the hot bath. Dr. S. Ashburton Thompson<sup>9</sup> informs us he has had, for five years, charge of the poor in a London district having a population of 26,000, and that Scarlet Fever in every degree of intensity prevails each year among a very large number. They are subjected invariably to frequent sponging daily of the skin from head to foot with warm water, or warm water and vinegar. At the commencement of the disease a warm bath is the rule, and also when desquamation is setting in. "The happiest results ensue." Dr. John Morris,<sup>10</sup> (of Maryland,) approves of the cold douche in conditions of great pyrexia, excessive heat of surface, marked jactitation and cerebral disturbance, or threatening convulsions. He also views with favor warm baths at certain stages of the disease. Dr. W. Sumpter<sup>11</sup> reports 200 cases in which, after the emesis and diarrhœa had subsided tepid baths of salt water were ordered—"with the best effect." He adds: "I scarcely lost a patient of the whole number attacked." Dr. S. Jones Gee<sup>12</sup> deems the atoxic form of the disease, (involving delirium, diarrhœa, vomiting, full pulse, and great heat of skin,) the special indication for the cold affusion; and says "the water treatment may be frequently repeated." Cold sponging and hot mustard baths, also meet his approval, in the various conditions appropriate to their employment. Dr. James Adams<sup>13</sup>

7. "Clinical Lecture on Medicine," (*Ibid*, vol. 1, 1870, page 723,) by Charles Murchison, M.D., LL.D., F.R.S.

8. "Scarlatina, with Hæmorrhage," (*Ibid*, page 729,) by Charles Lovegrove, M.D.

9. "The Treatment of Scarlet Fever," (*Ibid*, page 894,) by J. Ashburton Thompson, L.R.C.P. Lon., &c.

10. Paper read before Medical and Chirurgical Faculty of Maryland, published in *Baltimore Medical Journal and Bulletin*, April, 1871.

11. "The Treatment of Scarlatina," (*London Lancet*, vol. 2, 1870, page 24,) by W. Sumpter, M.D.

12. Article on "Scarlet Fever," (in *A System of Medicine*, edited by J. Russell Reynolds, McMillan & Co., 1866, vol. 1, page 355,) by S. Jones Gee, M.B., Lond.

gives, as the result of 400 cases, a mortality of less than two per cent—all of them treated by means of hot baths “to induce good action of the skin.” Dr. P. J. Hynes<sup>14</sup> sponges the body with warm water and vinegar, and tepid solutions of chloride of lime, under which treatment the patient progresses very favorably.” I might continue my enumeration of many more who entertain the highest opinion of the use of water as a remedial measure in this disease; but your space is limited, and I think enough has already been said, to show that the practice is almost universal, and to demonstrate, strikingly, as well, its extraordinarily beneficial character. As most of the parties instanced, however, are European, and to show that the proceeding is held in much esteem on this side of the Atlantic, I think it best to add, that while attending the clinical lectures of Professors Pancoast, Ludlow,<sup>15</sup> &c., at the Blockley Hospital in Philadelphia, it was frequently inculcated. When Dr. Sweeting in his “Ammonia and Milk” article denounced the application of water to the surface of the body in Scarlatina, I ventured to give my own limited experience in a communication to the *London Lancet*,<sup>16</sup> and the fact that therein a statement in brief is given of the views advanced by Dr. S., must plead my excuse for re-producing it here:

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*To the Editor of the London Lancet..*

SIR,—I notice in your impression of the 11th June a communication from Dr. Sweeting, recommending the treatment of Scarlatina by ammonia and milk. I have no opinion to express regarding the more prominent features of the course suggested by Dr. S., as I have not tested milk and ammonia in any case; but I cannot help expressing no small degree of astonishment at the concluding portion of his article. In adverting to a recommendation of Dr. Walter Fergus, (made some months ago,) rela-

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13. “The Treatment of Scarlatina,” (*London Lancet*, vol. 2, 1870, page 318,) by James Adams, M.D.

14. “Arterial Hæmorrhage from Ear, as Sequel to Scarlet Fever,” (*Ibid*, page 431,) by P. J. Hynes, M.D., M.R.C.S. Ed.

15. Manual of Medical Examinations, by J. L. Ludlow, A. M., M. D., Phila., Blanchard & Lea, 1860.

16. “The Treatment of Scalatina,” (*London Lancet*, vol. 2. 1870, page 144,) by J. Muir, M.D.

tive to the external treatment of Scarlet Fever, he not only objects to the cold douche, but says, "In every case I have known, in which cold or warm sponging with water, or vinegar and water, has been resorted to, the patient has either died in the acute stage, or dropsy has supervened." Now, while I entertain very serious doubts regarding the propriety of using the *cold* douche in certain cases to the extent insisted on by Dr. Fergus, I have not the slightest hesitation in asserting that *warm* sponging, followed by inunction with hot lard is of the greatest benefit in the vast majority of instances.

During the present year thirty cases of scarlet fever have been under my care, ranging in severity (like those treated by Dr. S.) from simple to malignant. Of these only one proved fatal. In all of them were the external applications made which I have indicated. They proved so grateful to the patients as to be frequently asked for by them; and in such cases particularly as exhibited a disposition to retrocession was their use in the greatest degree apparently beneficial. Dr. S. states the mortality under his treatment to be eight in sixty—a result not quite so gratifying as that obtained in the thirty I allude to, though I cannot help thinking the persistent exhibition of purgatives "every forty-eight hours" may have had something to do with the greater fatality.

J. MUIR, M.D.

(*To be Continued.*)

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## OBITUARY.

Died of Consumption, on the 3rd of May, at the residence of his father in Glenburnie, George Doolette Spooner, in the 32nd year of his age. He graduated at Queen's College, Kingston, in 1860, and practiced for a short time in Warkworth, Ontario, and subsequently in Newtonville. In 1868 his health began to decline, and in order to recruit, visited New York, but was attacked during his residence there with a severe form of dysentery. Upon his recovery, he returned to Kingston, and after remaining there some time he removed to Bowmanville. He had been there only a few weeks when he caught a severe cold and was obliged to return home for proper care and attention. He took a great interest in the practice of his profession, and was remarkably successful. As a man and a Christian, he was above reproach,—of a genial disposition, kind, warm-hearted and generous, his life was devoted to the good of his fellowmen. He was highly respected by the profession, and his loss will be much regretted by a large circle of friends and acquaintances. He leaves a young wife and one child.

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## Professor Croft's Report.

Two years ago we began to import pure light wines direct from the vineyards of the south of France believing that both in price and quality they would be well adapted for consumption in Canada. The result has surpassed our expectations, and the demand has been such as to tax all our energies for its supply.

As a considerable portion of this demand has arisen from the adoption of these wines by medical men in their professional practice, and their consequently extended use by invalids and delicate persons, it has been suggested to us that a careful analysis of those brands most used, and especially the cheaper ones, would be useful, to show the various proportions of the main constituent parts of each description, so that, in every case, the wine most suited to the requirements of the consumer might be selected.

Professor Croft, of the Toronto University, has kindly made this analysis for us, and we annex his report with the chemical results given in a tabulated form. The higher priced and better known wines, being more articles of fashion and luxury, have not been included in this table as their number would make it too cumbrous for easy reference.

QUETTON ST. GEORGE & CO.,

Wine Merchants,

34 King Street East, Toronto.

UNIVERSITY COLLEGE, April 25th, 1871.

GENTLEMEN,—I have taken considerable interest in the examination of the Roussillon and other wines of your importing, on account of their being of a character so much superior to what I expected. I have tested them by the processes of Chevallier, Jacob, Vogel and Esenbeck, and in all cases have proved them to be pure and unadulterated wines. The following table will show the relative strengths, as regards solid matter, alcohol, alkaline salt and acid, the latter being calculated per gallon. The alkaline matter is the ordinary wine salt or cream of tartar—bitartrate of potash. The determination of the quantity of astringent matter does not seem to be possible, but its relative proportion can be easily distinguished by taste. The Roussillon wines and Masdeu and some vins d'ordinaire have a good deal of it, while in the Alicante it is scarcely perceptible. The Masdeu has the greatest alcoholic strength of all these wines, and the Alicante most saccharine matter.

NAME.		Specific Gravity.	Absolute Alcohol by weight.	Solid Matter, Sugar, &c.	Ash.	Acidity per-gallon.
Roussillon Vin Rouge .....	\$1.00 per gal.	1.012	12.17	7.50	0.50	468
Roussillon Port, No. 1 .....	2.00 "	1.018	14.86	9.10	0.80	435
Roussillon Port, No. 2 .....	1.50 "	1.031	12.29	13.50	1.25	462
Alicante .....	2.00 "	1.033	15.47	14.25	0.30	339
Masdeu .....	2.00 "	1.007	17.22	10.20	0.40	457
Catalonian Port .....	1.50 "	0.997	10.24	4.38	0.63	366
Vin d'ordinaire (Lansade) ..	3.00 per doz.	0.998	8.33	2.07	0.40	621
Vin d'ordinaire du Midi (brown label) .....	3.50 "	0.997	10.78	3.06	0.30	629
Vin d'ordinaire (w'te label) ..	2.50 "	0.995	8.83	2.04	0.31	630
French Sherry, or Vin blanc d'ordinaire .....	1.50 per gal.	0.999	15.60	5.07	0.20	317
Vin de Graves .....	4.00 per doz.	0.991	9.66	2.01	0.21	350

The proportion of alcohol calculated as proof spirit would be about double that of the alcohol given in this table.

Yours truly,

HENRY CROFT.

Messrs. QUETTON ST. GEORGE & Co.

THE  
CANADA LANCET,  
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VOL. III.

AUGUST, 1871.

No. 12.

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Original Communications.

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TREATMENT OF CONSUMPTION.

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BY C. B. HALL, M.D., TORONTO.

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Dr. Atkinson, some years ago, suggested a course of treatment for retaining what he called a higher vital force, the loss of which allows the two rapid oxidation of tissue, and endeavored to show that tubercular deposits may, from these causes, be regarded as the consequence of an irregular metamorphosis of tissues, and that these may be retarded, if not prevented, by the substitution of various forms of carbonized material, and that the only class of medicinal agents which may be considered decidedly prophylatic are those which sustain vital tenacity in opposition to the chemical effects of oxygen, and of these he places whiskey as most prominent.

I will also quote the opinions of Drs. Calton and Ancill, in their recently published works, which go far to substantiate the fact of Alcohol being one of the safeguards from tuberculosis;—the former says, “Before tubercle is deposited, that wine or beer in moderate quantity should be included in the diet list, and I have seen conscientious scruples on this matter overcome on many occasions, with marked advantage.” The latter says—

"Facts are not wanting which tend to establish that the tuberculous constitution where there is no local disease, is benefitted by the moderate use of these fluids, and that the principle is sanctioned by theory, but then the stimulus must be moderate, uniform, constant, and accompanied by a generous diet containing a proper proportion of the staminal principles and essential elements of food." Dr. Peters also remarks that alcohol would seem to produce a state of blood opposite to that which obtains in this disease, and may thus prevent the development of it, and that the excessive use of alcohol does not destroy life by producing tuberculosis, but rather by producing other diseases, as those of the nervous system and of the liver.

Dr. Hastings and others tried the effects of fluoric acid, giving the forty-eighth part of a drop three times a day, and with most marked success, even in cases where suppuration and ulceration had commenced.

They all extol the direct action of this and oxalic acid, in half-grain doses, as more efficacious than naphtha or cod-liver oil in the most confirmed cases, but the chief good to be derived from either of the above is in the case of incipient phthisis, or still more in those suspected cases where hereditary tendency is associated with anæmia and the other symptoms of approaching disease. Carbonic acid is of the same type. The neighborhood of marshes and swampy land abounding with exhalations of carbonic acid was once considered a safe retreat for the consumptive invalid, as it was well known that ague and consumption are not found in the same locality. The sea-side was formerly resorted to as a place of safety, but without any good, as the saline atmosphere was more to be dreaded than the advantage gained by the carbonic acid. Fruit is another of the same preventions, abounding in the same class of elements, viz., carbon, oxygen, with little or no hydrogen, and no nitrogen,—

Tartaric Acid,	$C_4 H_2 O_5.$
Malic        "	$C_4 H_2 O_4.$
Carbonic    "	$CO_2.$
"    Oxide,	$CO.$
Oxalic Acid,	$C_2 O_3.$

Making Carbonic Acid and Carbonic Oxide agree with Oxalic Acid; this is the sole medicinal benefit of Cod-liver oil. It contains  $CO_2$  and  $CO$ , equivalents of Oxalic; this is shown by giving



it in combination with lime water, (lime having a peculiar affinity for Oxalic Acid) the analysis of urine a few hours after shows crystals of oxalate of lime.

Lehmann has published numerous experiments showing the proportion that should exist between the digestive ferment, the free acid and the water, in order to convert into a proper quantity of peptone the greatest possible quantity of any nitrogenized aliment (albumen gelatin fibrin, &c). He says if the amount of water in a mixture of pepsin and dilute hydrochloric acid be increased, the mixture will be capable of converting a larger quantity of aliment into peptone, the quantity of pepsin remaining the same. The solvent power of digestive mixture may be considerably augmented by increasing the quantity of water and hydrochloric acid. When alkaline salts are added in any quantity to the gastric juice, and are not, as in the natural process of digestion, quickly removed again, the solvent power of the gastric juice is considerably diminished if not annihilated. It is probable that in the process of digestion, equivalent quantities of hydrochloric and lactic acids can replace each other. The digestive power of acetic and phosphoric acids, is far inferior to hydrochloric and lactic acids. It is but right to state here that Heintz found that lactic acid vomited from the stomach, was of the ordinary modification, as formed during the saccharine fermentation, and not that which is furnished from muscular flesh.

All the sulpho-phospho-protean compounds, albumen gelatin and fibrin are readily soluble in hydrochloric, while they are rendered solid by the action of sulphuric, phosphoric and other acids; hence hydrochloric acid, or the form in which it is usually prescribed, Tr. Muriate of Iron, or Tr. Steel, as it is sometimes called, and a still more common and familiar salt, chloride of sodium, are placed among the first preventions where there is hereditary taint or any fear of approaching disturbance. The fats constitute another most important part both in the prevention and cure.

There are two kinds of fats both in animals and vegetables, that which is enclosed in cells and that which is combined chemically with other substances.

The former is found in the loose cellular tissue and very generally diffused, the latter is present in the brain and in the fluid parts of the body. Fat may be produced by abundance of nutriment rich in fat, but mostly from that class represented by

the symbol  $C_{12}, H_9, O_9$ , such as sugar, starch, &c. The chyle contains the fat which is absorbed from the food. The reaction of chyle is alkaline, and therefore the neutral fats of the body are wholly or in great part saponified, either before they enter the blood or shortly afterwards with the exception of those fats that are not capable of being converted into a soap. No neutral fats have been found in the blood as long as it remains in a healthy condition. It contains, however, compounds of fatty acids with bases soluble in water and in the materials which serve for the production of fatty tissue. The fatty substances that are in chemical combination, existing in the brain, the liver and the kidneys, are intimately combined with albumen so as to form an emulsion with water similar to crushed almonds.

In prescribing fats or oils such as butter, cod-liver, or any other oil, the action is very different.

M. Pelonze has proved that animal oils are subject at a certain elevated temperature, to a fermentation producing rancidity, "that is to say that under the influence of the azotized principles associated with all fats, the fatty matters split into their respective fatty acids and glycerine, which in their turn, undergo a further change resulting in the production of volatile fatty acids, such as of butter into butyric acid.

This is easily shown by combining purely fresh butter with bi-carbonate of soda, placing the mixture at the temperature of the blood, when in a few hours effervescence will be produced showing the escape of carbonic acid. Hence the only proper medicinal effect of cod-liver oil, butter, or any of the fats, is obtained by giving them in combination with some of the alkaline salts, the former with Hydrochlorate of Ammonia and alcohol. Butter makes an easy mixture with yolk of egg, soda bi-carb., syrup and distilled water. In these cases the alkaline action is effected on the mucous surface with which it first comes in contact, which as we have seen, is inclined to excess of acidulous action, and the oil or fat produces its effect after the fermentation commences, and this assists in the decomposition or decay of the tuberculous deposit, making it subject to the action of other medicines through the absorbents. Usual form of prescribing:—

R—Butyrii,	oz. ij. drs. vj.
Vitell ovi,	No. j.
Pepsine,	drs. ij.
Soda bi-carb.,	drs. iv.
“ phosphat.,	drs. iv.
Theriaca (molasses),	oz. iij.
Aq. flora aurant,	oz. i.
Syr. tolu,	oz. iv.
Aq. destill,	ad. oj.—M.

Take a table-spoonful three times a-day.

A few days ago I saw a cure reported in one of our dailies, stated to have been very successful in France. This consists of a preparation of meat, reduced to a pulp and combined with sugar, and given in company with a moderate glass of alcohol. In the Hospital for Consumption in London, pounded meat has been used for several years : that is, lean meat divested of cellulose, or meat free from the only objectionable element—hydrogen. Meat is  $C_{54}N_{15}O_{22}$ , cellulose  $C_{24}H_{21}O_{21}$ . A few years ago, M. DeLamare presented a paper to the Academy of Science in Paris, where he states that he has obtained the cure of perfect phthisis, even when vomicae were present, by the internal administration of Helicine or mucilage of snails. The author thinks that this very old remedy had fallen into disrepute, owing to the faulty manner in which it used to be administered, and the small doses employed. He therefore instituted numerous experiments, which are described in his paper, and concludes that broth or syrup made with the Helicine is powerless ; but that the substance should be highly concentrated and given in large doses, presenting but a small bulk.

The hypophosphites have been highly extolled by Dr. Churchill and others ; but Professor Quain, after a most thorough trial, declared them useless, other than their alkaline re-action.

Mulder has shown that the blood of carnivorous and corn-fed animals contains a larger proportion of phosphorus than simply grass-feeding, and thus we see the legitimate supply of phosphorus and an additional benefit from the pounded beef alluded to.

It has often been remarked, as a wonderful circumstance, that the British army, during their greatest fighting days, were fed on beef and wheaten bread, which chemistry has more

recently shown to contain the proportionate elements of their mothers' milk ; and more reverently be the allusion to the nourishment of that Prophet—than whom none was greater—as well as the prophetic announcement of the Saviour's food, butter and honey, containing the most perfect elements against the destructive tendency of hereditary consumption.

Thus I have shown you, however imperfectly, that science has been carefully and faithfully investigating this important subject, to which, even as late as 1858 one-fourth of all the deaths was due ; that investigation has regularly brought information ; that each subsequent demonstration has produced increased practical knowledge ; that the blood, the sputa, the secretions point to the danger long in advance ; so that, years before the lungs become affected, the preventive treatment may stay the onward progress, and thus save, as it has done, hundreds of cases that, but a few years before, must have been certainly fatal.

Not long since a man, with strong hereditary taint, who had been suffering for months in a back alley off Elizabeth Street, Toronto, in damp, darkness and dirt, had passed into the third or last stage, expectorating the tubercles clear, white and detached, was so far benefitted by appropriate treatment, as to be able to resume his occupation as a mason.

The treatment has become almost entirely divested of empiricism, the diagnosis microscopic, and the remedy chemical ; there can be no transgression of nature's laws, but, like a co-operative society—aiding and assisting one another—working for a mutual benefit and producing perfect harmony in all their results.

I will now notice a few of the most marked and perfectly demonstrated cases, as well as the names of some of the leading chemico-physiologists who have so thoroughly investigated this branch of their profession.

And *imprimis* I may refer to Brande, as one of the acknowledged authors, who quotes Dr. Golding Bird, and approves of the process recommended by him to detect kreatine and kreatinine, two excrementitious substances, proved to be formed in muscular tissue and found in urine ; the result of muscular decay.

Liebig is also acknowledged, by him, authority on the tests and composition ; and still further he says that " Hippuric acid is contained in small quantity in human urine, in which it may

be produced by the use of benzoic acid. The alembic cannot produce a more perfect decomposition and reformation than is carried on in the human body in this reaction. Benzoic and cinnamic acids are non-nitrogenous, and in their passage through the circulation combine with the nitrogen of the urea, found in the blood, in certain diseased conditions, and produce a nitrogenous acid, detected chemically and by microscopic examination, in the urine. As high authority as Dr. Alexander Ure thought the action would be sufficient to destroy, not only uric acid in the blood, but uric acid deposits in the urine. But as this has not been sanctioned by Garrod, I will not press it. Still it has been shown (by Kletginsky) that, "if the deposit be unaffected, the urea is decidedly diminished," and the quantity of nitrogen contained in the urea lost is almost exactly represented by the nitrogen of the hippuric acid formed, so that the benzoic acid is probably converted into the hippuric acid by the combination of a nitrogenous body, either derived from the urea or formed at the expense of it. (Ann. de Thirap, 1860.) Then again in the American Journal of Medical Sciences for 1864, benzoic acid is represented as useful in the phosphatic variety of gravel; its *beneficial influence being purely chemical*, continuing only during its use. As you would suppose, these chemical remedies require some alkaline combination to ferry them over the usual acids of the stomach. Thus benzoate of ammonia is the usual form of prescribing the benzoic acid.

Almost every system of quackery has rested upon the denial of what was called the *materies morbi*, and boldly demanding proof of any such existing in the blood.

The great Organon says, "The cause of disease cannot possibly be material since the least foreign substance introduced into the blood-vessels, however mild it might appear to us, is suddenly repulsed by the vital power as a poison; or when this does not take place, death ensues," the sole influence or exciting cause being what they call dynamic power or spiritual influence, the old *pneuma* of the Greek philosophers. This bold assertion of the head Homœopathist was made in 1810, when chemistry was not prepared to give the decided proof, though a universal feeling was held among medical writers that miasm and other poisons found their way into the general circulation. In later years this matter has been put beyond all doubt. Dr.

Garrod found in the serum of the blood of gouty patients a considerable quantity of uric acid and free urea. He thus inferred that the kidneys were unable to carry off the whole of the uric acid formed in the system, and the circulating fluid in gout is thus always contaminated by the presence of a large quantity of uric acid, whatever may be the amount thrown out by these organs. Urea was not affected in so marked a degree as uric acid, "although the blood usually contains a slight abnormal amount of this latter principle in the acute form of the disease." Urea is found in excess also in meningitis, pneumonia, pleurisy, acute tuberculosis, rheumatism, especially when combined with endocarditis—deficient, in nervous and hysterical affections, chronic diseases of the liver, organic disease of the heart, and structural disease of the kidneys; thus giving a most ready guide to one of the great requirements in the treatment of these different diseases, (Hassel). Lehman remarks "that urea is possibly only excreted in increased quantity when material for its formation is sufficiently supplied. Now if voracity is not combined with this urea diathesis, the source of the urea must be sought in the waste or consumption of the nitrogenous tissues." In the present state of our knowledge, we may answer that the urea is found in the blood, and that it is produced from materials that have become effete, the detritus of tissues, as well as from unserviceable and superfluous nitrogenous substances in the blood. No animal tissue presents such vital activity, is so much used, and so rapidly worn out as the muscular. It is in this tissue that the metamorphosis of matter proceeds most rapidly and abundantly. Brande, in speaking of the blood, the affinity between it and flesh, calls the whole process, the same as Liebig, a strictly chemical action. He says "that such widely different products as milk, bile, and urine, (bile from the venous blood of the liver, and urine from the arterial of the kidneys,) should be produced in the living body from the constituents of this fluid, with such remarkable uniformity and regularity, is one of those *marvels of vital chemistry* which science cannot explain."

Cystine is another of these curious nitrogenous substances, found in the Urine, the result of decomposition of the protean compounds of the blood. Protean and all the compounds are nitrogenous, though some contain sulphur and phosphorus. The appearance of these compounds in the urine indicates the pecu-

liar tissue being destroyed and carried out of the body, and points to the nature of the disease as well as the important indications of cure. A case of this kind came under my notice a few years ago,—whether physicians called it palsy or rheumatism, it matters not. Enough, the patient had not been able to walk up or down stairs for three years. The urine contained crystals of different nitrogenous salts, and pointed to the waste of muscular tissue. Recognizing this chemical transformation of tissue, the treatment was apparently simple, and the result,—relief in three months and a perfect cure in a year.

I was indebted to the kindness of Prof. Croft, of Toronto University, for a preparation of one of the salts of aniline. This salt is a greyish powder, but by exposure to oxygen becomes blue. Now this effect is most strikingly manifest in the internal administration. After taking it for a few days, the skin becomes tinged with blue, and still more marked by going to the door or window, when the lips show at once the change of color.

The yeast plant has lately been discovered in the blood in zymotic diseases; and also that it can be counteracted by the use of sulphites in precisely the same way as the fermenting process is stayed in any substance in which it may be placed, as in beer or cider.

Nothing can be more strictly chemical in its action than the formation of sugar from starch. In the laboratory you follow strict rules with almost certain results. One of the ills to which flesh claims heirship is called diabetes, in which this chemical process is carried on with as great exactness as could be done in the alembic. “Vital power” is not once consulted, but the product is in perfect accordance with the material supplied. Avoid bread, pastry, puddings, and everything containing flour, starch, or arrowroot of any kind. Abstain from all sweet fruits, potatoes, artichokes, parsnips, carrots, etc., and take fresh meat, eggs, bran biscuit, and you stay materially the saccharine formation. There is a substance procured from the surfaces of the salted and decaying membranes of the calf’s stomach, called rennet, which is soluble in water and possesses the property of quickly converting sugar into lactic acid. The same process is observed in that peculiar formation in the malting and growing of grain, called diastase. This substance if exposed to the air undergoes a change similar to the action of rennet, and acquires the same

property of transforming sugar into lactic acid, (Johnson). Here then is the remedy for the disease, converting the sugar, the chief evil, into lactic acid, closely allied to hydrochloric the natural acid of the stomach. The sulphite of soda, I may mention here, possesses the faculty of preventing the formation of glucose, one of the important steps in the transformation of starch into sugar. In this disease the whole process is chemical; the nature and abnormal change is chemical; the prevention and cure alike act by chemical laws. Starch is given for food. Sugar is found in the excrements. In the cure, sugar is converted into the most important and useful agent in the animal economy. In each and every process chemical tests unquestionably confirm, "or at least so prove it, that the probation bears no hinge nor loop, to hang a doubt on."

In vol. II. *Montreal Medical Journal*, 1861, page 150, I published the following remarks on the chemical treatment of disease, referring to Liebig and Muller's opinions, that inflammation is an oxydized state of the protean compounds of the blood, and that all diseases was the result of derangement of the affinities of particles, necessitating chemistry as an important adjunct to a regular course of medicine. We do know of strange chemical changes constantly attending the animal economy. Thus in the normal state, the gastric juice, almost the first stage in nutrition, is acidulous, while the blood, the result of this digestion, is alkaline. Again we have the secretion from the liver, the largest secreting organ in the body, with an alkaline base, while the product of the no less important organ, the kidney, is uric acid. We have also the oleaginous and albuminous secretions, the representations of nitrogen and carbon, as we find others of oxygen and hydrogen,—the two other elementary principles of all organic compounds. This is the healthy state. How innumerable the effects of their slightest variation in disease?—not acknowledging the theory that this constitutes disease, but simply viewing them as co-incidents and their regulation as concomitants.

Take, for instance, the simplest form of congestion, or perhaps more properly, torpor of the liver, found in the moderate drinker, particularly of the beer drinker, and when, in supposed moderation, he has taken a little extra, with a few glasses of spirits:—You find the tongue coated with heavy white fur, th e



gums pale, the fauces dry, the patient complains, not so much of constipation of the bowels, as a difficulty of passing what he calls a gummy, stickey sort of substance, which clings to him with a tenacity almost immoveable, and of a dark green colour, with very little odor, and attended by smarting, but no pain. The remedy for this is the blue pill and black draught, of the old physicians. A friend of mine in the country takes ten grains of calomel, followed by salts and senna. Chemically this is an acidulous excess, both in the stomach and liver, and ten grains of soda bi-carb. to act on the stomach, followed by ten of potass bi-carb. to neutralize the hepatic secretion, in a glass of cold water, will often effect a cure in a few hours.

One of the most troublesome attendants of bilious as well as infantile remittent fever, is the constant passing of green bile with mucus, showing its irritating effect on the membrane, thus provoking the febrile action and otherwise retarding the cure. I do not mean to say that any preparation of Potassa will cure bilious fever, but no doubt their use will correct this abnormal secretion, and thus effect one of the most important indications.

On the treatment of dysentery or diarrhœa, or whatever name you give to the various bowel complaints of children, you find a double action or one extreme running into the other. If you are consulted in the early stage, you find the tongue slightly coated, but white, appearing as if the child had just taken a drink of milk, the stools pure, somewhat painful, but not frequent. This is always treated with antacids, as Hydrarg. cum creta, with Creta cum opii comp., or soda carb., so that in this I have no particular point to call your attention to. But what is far more likely, you do not see the case till various pills and potions have been administered by the too-confident parents, suggested by the too-knowing neighbors whose *children have been exactly the same*, and cured by the far-famed remedy. You find the tongue coated in the centre with a dirty white, inclining to brown, the tip and sides red, the fauces, gums and tips of the same color, a painful expression of countenance with a whining feeble cry, constantly picking its lips or ends of its fingers, stools more frequent, of the color of the coating of the tongue, more painful before each motion, and increasing in frequency, &c., &c., and you will invariably find an alkaline reaction, the stools often effervescing with nitric acid. Whatever course of treatment you would each sug-

gest, you will find its efficacy most wonderfully advanced by an acid accompaniment, such as Tr. ferri mur., or, still further, you may find the eyes sunken with a dark areola; skin something of the color of the tongue, flesh full but flabby and doughy, with other strumous indications. There is an opportunity for a double chemical action. Feed the child on starch, and give diluted nitric acid. You will not only furnish the best nourishment, and counteract the excess of alkali in the system, but nitric acid converts the starch into oxalic—than which no remedy appears to have such specific power over the strumous diathesis.

Take another familiar example with children, one in which you have no doubt been sorely tried and wished, like the patient man of old, "your enemy would write a book on it." A child at breast, the mother strong and healthy, eats her meals with relish, has plenty of milk for the child, even more than it requires—this you find on standing in the glass, rich, and covered with thick, almost buttery, cream. She tells you the child nurses freely and throws it up without any curdling—bowels inactive for a few days, then three or four motions a day for a few more—child pale and fretful, crying and whining constantly—pulse irregular, with dry, sometimes feverish skin. Here is a case of infantile indigestion, tending to cachexia. You prescribe Infus. cinchona, or some other tonic without avail. Chemistry says, if you give that child sugar, it will convert the casein of the milk into lactic acid, one of the elements of the gastric juice of the child, and <sup>the</sup> experience confirms the magical effect.

Pneumonia represents most perfectly the type of inflammatory disease, and its treatment has been the subject of universal discussion in the profession—from bleeding and blistering, with starvation diet, to the other extreme of sustaining the patient—with no trust in medicine, but simply letting nature have her own way and the disease run its regular course. If our profession were not a *science*, and its members not men of thought and education, this following *after* nature might have some virtue. But it happens to be otherwise, and the physician's duty is to lead and direct nature in her wandering, to check or encourage as occasion may require. In this perfect form of disease he has a perfect plan of treatment. With the protean compounds of

the blood in an oxydized state, while the inflammatory process is progressing, he has only to press, with great rapidity, the alkalies into the system, and inflammation proper can only last as long as it requires to restore the blood to its normal alkaline state. The *consequence* of inflammation may remain, but the inflammatory stage can be checked in four or five days; and it is the only plan by which it can be kept in subjection; therefore Liq. potassa may be considered as having a complete control over this disease.

Rheumatism has been so frequently associated with excess of acid, that theorists have, for a few years past, laid down an alkaline course of treatment; but that excess of acid in the acute, or of alkali in the chronic, is symptomatic of the disease, I utterly deny. I would call your attention to the fact that there is a marked difference between rheumatism in Europe and rheumatism in Canada, particularly those of you who have had an opportunity of seeing cases in the hospitals of London as well as this country. In England, the chronic form tends to rheumatic gout; while in this country it assumes the nature of palsy. However, the fact that the excretions in some cases, and often in certain stages of the same cases, will acknowledge the test of alkaline and acid excess respectively, I think I may safely state as proven; hence it is our duty to seek out the admonitions that chemistry suggests and govern ourselves accordingly.

The powerful antiseptic and disinfecting effects of chlorine have been long known; but until the accidental discovery of the chloride of potassium, a few years ago, the different forms in which it was necessarily administered contained objections commensurate with its advantages. This salt is free from any of the difficulties of former preparations, not so caustic for local use as chloride of lime, and more effective than the chloride of sodium; it imparts its chlorine readily, and leaves the potassium as mild a caustic and gentle stimulant as could be wished, and wherever it has been applied to foetid and indolent ulcers, the whole array of yeast and charcoal and other carbonaceous applications have fled before it in confusion. In that modern and most dreaded disease diphtheria, there appears no safety in any other remedy; it is a malignant fever with putrid sore throat, the whole lining surface of the fauces and pharynx throwing off a false membrane, which again immediately forms attachments

in places and thus hastens dissolution by a mechanical obstruction. Gentlemen whose opinions I cannot but respect, still place their trust in *Argentum nitras*, but its application is very difficult as it could touch only certain places and its effect uncertain, while two or three free applications of a strong solution of the chloride of potassium with a sponge, will almost completely remove the local difficulty and leave you a "fair wind and an open sea." Thus we have viewed chemistry only as an adjunct or chief assistant at our labours, but as we rise in the scale of disease, and find, as we do so, our difficulty increase and our skill more at fault, we may be induced to look to this science as the polar star in our distress, and the guiding spirit to carry us through the storm. I include under one general term the different disorders of this kind, such as albuminuria, tuberculosis, phthisis, &c. I will speak alone of scrofula or general cachexia, and of course will not attempt any minutiae of detail. We find an excess of fluid over the solid part of the body as well as deficiency of fibrin or muscular fibre and often total want of some important constituents of health, such as phosphorus and sulphur, or we have excess of hydrogen with loss of nitrogen. On the use and distribution of these two elements depend, almost solely, our hopes of cure, simply using carbonaceous and oxygenated substances as nourishment to keep good the supply and preserve the waste, until we can effect a change in these other elements. That chemical changes do not take place with the same certainty, and regularity in the system influenced by vitality as in the alembic and under our observation, I am willing to admit, but that these changes are more or less definitely and correctly effected while circulating in the blood, I think can be as clearly proven. As an instance—and it constitutes a most important part in our curative process—give for a few days, cod liver oil, with phosphate of lime, and you will detect the dumb-bell crystals of oxalate of lime in the urine. Now this can only be effected by the change of carbonic acid and carbonic oxide into oxalic acid, which from its stronger affinity, sets free the phosphoric acid and unites with the lime; this change is wholly produced in some part of the transit through the circulation.

Raw beef, pounded to shreds, has of late received the approval of the London and continental physicians, as food in these cases, upon physiological reasons, particularly its ready

transformation—with little effort of nutrition—to the much needed fibrine; but we also find that the pounding divests it of its cellular substance, or cellulose, which is composed of hydrogen and oxygen in the exact proportions to form water. So the three—carbonic, oxalic and tartaric acids—to which so much importance has been attached, contain, two of them none, and the other a very small proportion of hydrogen, which may materially check that ready solvent from carrying the most important solids out of the system.

I cannot agree with the one-man power of Dr. Churchill, about the use of hypophosphites, but have no doubt of their most important efficacy when combined with cod-liver oil, so as to produce the chemical transposition before mentioned. The chemical indications of cure, therefore, consist in the proper regulations of hydrogen and nitrogen: the first, by keeping from the system all such articles of diet as contain the elements of water, and using for medicines—like chemical compounds—the few acids named above; the second, by conveying into the system, as much as possible, of substances rich in nitrogen; of these the principal are nitric acid, nitrate and cyanide of potas., and the different preparations of ammonia—chief of which is the muriate; articles of diet confined to caseine of milk, albumen of egg, and fibrine from beef and mutton.

Fruit, often highly recommended, derives its principal advantage from the long mastication required, causing a greater quantity of atmospheric air—a compound of oxygen and nitrogen—to be conveyed to the stomach with the saliva.

Dr. Fuller, in his treatise on rheumatism, acknowledges the principle, and prescribes—with the perfect conviction that an acid re-action exists in the blood—a strictly alkaline course of treatment, in all cases of the acute form. In the more chronic state, the uric acid is deposited in the form of urate of soda, in the joints and muscular tissue, causing the pain in motion. In this stage an acid treatment is found most serviceable, causing the decomposition of the soda.

Dr. Tanner, in the most admirable little hand-book of medicine ever written, referring to the treatment of fibrinous clots, sometimes found in the blood-vessels, says, “the admirable series of experiments by Dr. Richardson, teaches us that all the alkalis are resolvent, that is, they lead to the solution of nitrogenous

tissue; that after deaths from alkalies, there is fluidity or partial fluidity of the blood, dissolution of the blood-corpuscles, softening of the soft parts, absence of cadaveric rigidity, and extensive but simple vascularity of the mucous surfaces and vascular organs."

These are enough to show the certainty of some of these chemical actions. I am aware some of my medical friends, for whom I have the highest regard, think these things impossible; but let them consider, if they had not, a few months ago, as little confidence in the Atlantic cable. I am putting forth no crude and imperfect theories of my own; I am giving the published opinions of the greatest writers of the age—Lehman, Bidder, Bishoff, Liebig, Mulder, Bird, B. Jones, Prout, Hassell, Garrod, Thompson, and others of equal celebrity—and showing that one of the most dire and hopeless diseases is receiving the attention of these great and able men, and being investigated on the purest scientific principles; and I trust the time is not far distant, if not already at hand, when we may include this in the hopeful expectancy of the great past.

Our foes intestine, what a numerous band,  
Against this little thread of life conspire!  
But Science can elude their fatal ire  
Awile, and turn aside Death's fatal dart,—  
Soothe the sharp pang, allay the fever's fire,  
And brace the nerves once more and cheer the heart.

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## RADICAL CURE OF HYDROCELE BY THE SETON.

BY THOS. R. DUPUIS, M.D., ODESSA, ONT.

Under the above caption, in the *Med. News & Library* for Jan. 1871, occurs an article extracted from a communication to the *Med. Times & Gazette* for Nov. 12, 1870, by Mr. Henry Smith, surgeon, in which this practice is very highly spoken of

This method is a modification of what is known as Pott's treatment, and recommended as perfectly safe, convenient and effectual; patients being able to go about and even attend to their various occupations during the progress of cure: two cases only, out of thirty operated upon, suffering subsequently even inflammation—one of these the result of imprudence in exercise,

and no return of the disease in any. The operation may be described in Mr. Smith's own words, thus, "simply to puncture the tumor with a common suture needle armed with a single thread and having brought the thread out at a distance of one or two inches from the point of entrance, it is disengaged from the needle, and the two ends are tied lightly together." He further advises that this thread, as a rule, may be left in from eight to ten days, and at any time, if the inflammation seems inclined to fall short of the degree required, it may be increased by moving the thread.

As I have recently completed a cure by this method, I will detail partially the progress of the case, that your readers may with me form opinions respecting its value, as compared with the treatment by injection, and adopt it or reject it, as it seems to them to deserve.

The patient, aged about 44, was healthy in other respects, and attributed his hydrocele to a fall which he got astride a fence, by which the posterior part of the scrotum and perinæum on the right side, were considerably bruised.

When I first saw the case, on the 16th of March, 1870, it had been in existence over a year; the right side of the scrotum was nearly as large as a quart pot, and yielded on tapping over twenty ounces of fluid.

I urged him then to return when it became partially filled again, that I might proceed with the radical cure by injection, but I saw him no more till the 6th of Aug, when he came back, with his scrotum enormously distended. I tapped it once more, and over sixteen ounces of fluid escaped; still he would not submit to treatment for a radical cure, alleging as an excuse, that he "had not time to lay by."

On the 22nd, Febr, 1871, the patient presented himself again with the tumor about as large as at the latter tapping, and expressed himself anxious to have a final cure made, as the swelling was becoming so troublesome that he could not attend to his business; and on having the two methods of procedure explained to him, he was decidedly in favor of the operation by seton. In obedience to his wishes, and my own desire to test this plan of cure, I carried out Mr. Smith's directions, as fully and accurately as circumstances would permit. The operation itself was a very trifling matter, no immediate

result following it, but a very slight oozing of serum externally, and the escape of a larger quantity into the cellular tissue.

On the 23rd, I found the patient considerably excited; the scrotum enlarged and globular, having a doughy feel from the effusion of fluid into the sub-cutaneous tissues, and generally erythematous; the penis, also, was very much distended and had a semi-transparent appearance. I relieved the latter by several punctures, and, as the patient was feverish, I administered a dose of Pulv. jal. co., with the object of relieving the febrile symptoms, and also promoting absorption of the effused fluid.

In the evening, after the operation of the purge, the patient seemed much relieved, the penis had become nearly normal, but the scrotum remained unchanged in appearance, and required to be kept suspended.

On the 24th, I found little change; the patient had slept well, and was eating sufficiently. There was perhaps rather more general excitement, the pulse being about 90, and the tongue slightly coated, but perspiration was taking place freely. There was considerable congestion and inflammation about the site of the seton; that was becoming hard and tender.

25th. The constitutional symptoms were much the same as yesterday. The scrotum had diminished in size so that the left side was nearly normal: on the right side the tunica vaginalis was less tense above, but harder and more inflamed at the lower part, and the skin of this portion of a dark red color; the skin and tunica vaginalis being consolidated together at this point, by the engorgement and hardening of the areolar tissue between them. The penis was normal.

26th. The patient had been acted on last night by another dose of Pulv. jal. co., and to day felt quite comfortable, and was walking about the house. The swelling and hardness of the lower part of the scrotum were unchanged.

I moved the string to set up more action; there was a very slight discharge of pus along side of the thread. He came to my surgery, having walked about a quarter of a mile, and stated that he had been trying to work a little. He said he felt well, but was weak. The general and local symptoms were the same as on yesterday, and on the day previous.

28th. The patient continued much the same as at last date, yesterday's exertions, however, had induced slight febrile



symptoms, and caused general uneasiness. This being the sixth day from the insertion of the seton, and the parts about it being thoroughly inflamed, I removed it, and trusted to the action already excited to complete the cure.

March 1st. Patient came to my surgery again, and had been doing light work. Very little change in the parts was apparent; the scrotum was still very large, not only from the oedema of the subcutaneous tissues, but also from the continuance of about a pint of fluid in the tunica vaginalis.

2nd. & 3rd. Came to my surgery again on both days feeling as well as usual, only very weak, and had continued intermittently at work. The lower part of the scrotum was becoming greatly inflamed, largely swelled, of a very dark red color and showed evident signs of external suppuration. A poultice of bread and milk, or of slippery elm bark was prescribed, and ordered to be continued. One or the other of these poultices was applied a great deal of the time, but chiefly at night; the patient persisting in walking about during the day up till the 8th. At this date the swelling and pain were so great that the patient was compelled to lie in bed.

The poultice on the lower part of the scrotum was continued and Iodine applied around the upper part, and over the seat of the spermatic cord; nevertheless, on the 9th, the inflammation was still increasing, pain and tension very great, with tenderness over the whole scrotum, and extending up the course of the cord. The general symptoms indicated a great degree of systematic sympathy, and the whole man was, in reality sick. I ordered another small dose of Pulv. jal. co., to empty the bowels, and followed it by Pulv. Ipecac. co.

10th. Dr Maclean of Kingston happened to call at my house, and I asked him to walk down with me and see the patient.

As the scrotum remained very much distended, and there were no signs to indicate a speedy cure, if a cure at all, without further interference, we both thought it advisable to evacuate the contained fluid. This was done by the thrust of a bistoury; and sixteen ounces of proper straw colored fluid escaped, and also some pus from the subcutaneous tissues.

11th. I found the patient much relieved, and walking about the house. 13th & 14th. He was still feeling better, the scrotum was diminishing in size, the soreness was abating,

considerable pus was discharging from the wound, and all his symptoms indicated a speedy recovery.

18th. I was called to see my patient again, and found him in a very unfavourable condition. He had been imprudently exercising—walking and trying to work—and had induced a re-accession of acute inflammation. The scrotum was enormously swelled, the tunica vaginalis evidently filling rapidly, the parts painful and tender to touch, with pain and tenderness across the lower part of the abdomen, the general health giving way, and the patient becoming emaciated. Calomel and opium were administered, and warm fomentations applied both to the scrotum and the abdomen.

26th. As the distension and inflammation of the scrotum had increased up to this date, although the urgency of the general symptoms had somewhat abated, Dr. Maclean was called in consultation. After mature deliberation, we concluded to try another evacuation of the contents of the sac.

I then introduced a trochar and canula, through about two inches of inflamed skin and subcutaneous tissue, and penetrated the tunica vaginalis. On withdrawing the trochar, about eight ounces of purulent looking fluid escaped through the canula, and after its removal, a large quantity of pus from the wound.

27th. The patient was much better, there was a free discharge of greenish pus, together with a yellowish fluid from the opening, the swelling was subsiding, and all appearances favorable.

30th. The patient was still improving, the swelling subsiding and the discharge of pus growing less; the serous fluid, however, was still escaping in considerable quantities.

April 5th. Everything has gone on favorably and the patient presented himself in my office nearly well. Slight discharges of pus and serum were occurring at intervals, but all dangerous symptoms had passed away, and the prospects of a complete cure certain.

In about a week after this, the patient went to work again and has continued at it ever since; a sero-purulent discharge remained for two or three weeks longer; the scrotum, during this time, gradually resumed its healthy character, until nothing remained of the effects of the disease and treatment, but the necessarily hypertrophied tissues. Time, and a suspensory bandage,

are gradually removing this abnormal state, and the man may be said to be perfectly cured of his hydrocele.

This case was certainly not a fair trial of the seton according to the known rules of surgery, on account of the obstinacy of the patient, in persisting in walking and working while under treatment; but taking Mr. Smith's statements, that the patients were generally able to be about their work, as a guide, the trial was fair enough. The cure was certainly complete; but the length of time occupied, the other operations demanded during the progress of the case, with the unnecessary suffering thus inflicted upon the patient, do not recommend this practice to me as superior to that by injection.

The causes which seem to render it an objectionable plan are, first, the effused fluid must all be removed by absorption, and it is so great in a large hydrocele in comparison with the amount of absorbing surface, that so high a grade of action in the tissue, or so long a continuance of a lower grade, as is sufficient to effect this result, endangers the integrity of the parts: secondly, the origin of the inflammatory action required to change the character of the secreting surface, is too local, and by the time the whole interior surface of the sac is affected by inflammation, this will have become too intense at its starting point, namely the track of the seton; thirdly, inflammation is set up in parts *exterior* to the tunica vaginalis, which may result not only, as in this case in suppuration, but in extensive destruction of parts by erysipelas, gangrene, &c.

In all these particulars, therefore, there seems to be more risk, than in the operation by injection of a stimulating fluid, which is quickly brought into contact with the interior of an already empty sac, which subjects all parts at once to the same grade of excited action, and which does not interfere with the tissues *external* to the parts acted upon.

June 15th, 1871.

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ERRATUM.—In the June number of the *Lancet*, in the article on Fibrous Tumors of the Uterus, by Dr. T. Mack, page 414, fifth line from the end read “sub-peritoneal” for “sub-mucous.”

## MEDICAL SOCIETY FOR MUTUAL IMPROVEMENT.

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ST. CATHARINES, May 2nd, 1871.

The Chairman, Dr. Comfort, opened the proceedings by a few remarks upon the so-called hæmorrhagic diathesis. He believed it to be dependent upon more than one pathological condition of the system, the first and probably the most common being a deficiency of fibrin in the blood, and, secondly, some imperfection in the capillary circulation, such as rupture of these vessels or exosmosis, from tenuity of their coats. Again, might not the deterioration in the fibrin result from want of vitality in the blood, dependent upon lack of nervous force. The blood remains fluid after ligature of the pneumogastric nerve in animals, in death from certain poisons, from zymotic disease, from Electricity, and from the bite of venomous reptiles.

A lady from the United States, aged 35, who had been a patient of Dr. C.'s, some years ago presented the symptoms of this condition of the blood in a very marked manner. At each period the conjunctiva would become congested, the nails red, and a passive uterine hæmorrhage would supervene, extremely persistent and exhausting. This lady, Dr. Comfort has been informed, has since died, shortly after her return to one of the Southern States, and her friends informed him that the cause of death was supposed to be cancer of the womb.

The want of tonicity in the capillaries might be remedied by stimulating the *nervi vasorum*, by the application of heat to the origin of the spinal nerves and by Faradisation, while the Ferric Alums and vegetable tonics and astringents should be of benefit in improving the constitution of the blood.

The most distressing hæmorrhage had occurred in such persons from the gums and alveoli after lancing the gums, of which we had a fatal instance some years ago in this town, and also after the extraction of teeth. The Dr. stated that the removal of teeth in chlorotic anæmic persons was seldom followed by even the ordinary amount of bleeding.

The hæmorrhagic diathesis appeared to be a vicious condition of the circulation *per se*, frequently hereditary and as far as he had been able to remark impossible to permanently remove or cure.

Tuesday, May 9th, 1871.

Dr. Goodman spoke in favor of the use of Iodide of Calcium as a remarkably mild and efficient alterative ; it appeared to him to be more easily assimilated in disordered states of the stomach than any other Iodide, he had used it lately with marked effect in diseases of the stomach and bowels in the strumous diathesis, he had not tried it in secondary and tertiary syphilis, but he would here allude to the great benefit derived from very large doses of the Iodide of Potassium at the General and Marine Hospital in several rebellious cases of those diseases.

The exhibition of Iodine combined with Albumen and added to milk or to other compatible articles of food proved useful in the treatment of Scrofula.

In the same way impregnating plants, such as water-cress with this element and eating it had been found by a gentleman present an excellent mode of producing the physiological action of this medicine as well as combining Iodide of Sodium with the salt used as a condiment.

Iodide of Starch mixed with sugar will be readily used as a sweetmeat by children. Iodine introduced in this way with an aliment acted more beneficially in the scrofulous diathesis where constitutional influences of a profound nature were sought to be brought about.

Another mode was the slight impregnation of beverages, so that the diurnal quantity of the medicine taken could be watched carefully and severe Iodism avoided.

Dr. Goodman reported a case of ruptured perinæum successfully treated. In this case, a primipara, after a very protracted and painful labour, a laceration occurred in a manner that appeared to have been almost inevitable. Forty-eight hours after the accouchment, the patient being placed on her left side with the knees drawn up, and the parts exposed to a strong light, four silver wire sutures were introduced, uniting perfectly the torn edges, a carbolized lotion was applied by a compress, and the knees were kept close together. Care was taken to prevent contact of urine and no motion of the bowels was permitted for four or five days. After the lapse of that time the sutures were removed and perfect union was found to have taken place—carbolyzed vaginal enemata were used, the bowels carefully opened, and the restoration was so complete as to leave her, if anything, "better than she was before."

## CASE OF CARIES AND SUBSEQUENT REMOVAL OF THE WHOLE INFERIOR MAXILLA.

BY R. H. PRESTON, M.D., NEWBORO'.

SIR,—Dr. Preston, at my request, sent me the accompanying particulars of his most extraordinary case, and I should have forwarded it to you sooner had I not wished to be able to report the condition of the subject of it, at a later date. I heard from him last week, and the report is that he has continued to improve slowly but steadily from the time of the removal of the bone, and that he considers himself perfectly recovered, the only thing preventing it being the inability of the dentist to find sufficient footing for a plate of teeth on the lower jaw. This was running in the man's mind from the first; for before proceeding to remove the jaw he was particularly anxious to know how soon after its removal he would be able to have a set of artificial teeth. I need hardly say that the reply was not very encouraging.

Yours, &c.,

OCTAVIUS YATES, M.D.

Mr. L. B., aged 46, a farmer residing in the Township of Bastard, Co. of Leeds, Ont., a man of spare but temperate habits was attacked on the 18th of Oct. last with severe pain in the second molar tooth, right side of the lower jaw. The tooth was decayed so as to expose the nerve. Pain was severe, and the face soon began to swell until the 4th day when suppuration ensued, but instead of finding relief his symptoms became more severe; the discharge increased, also the swelling which extended along the course of the bone. He went on in this way until the 28th Oct., when I was sent for. I found him labouring under high constitutional excitement, pulse running 150, skin hot and dry with pus discharging freely from around the decayed tooth. With great difficulty I succeeded in opening his mouth enough to extract the tooth and the one in front of it, both being quite loose. I ordered beef tea, chicken soup, egg, cream and brandy, to be given freely; also put him on syrup of iodide of iron, and gave him a wash of carbolic water and glycerine.

On the 31st saw him again, the swelling and soreness greater and extending round the jaw; pus was oozing from the side of every tooth on the right side. The constitutional symptoms more severe, hectic, night sweats, pulse 150, growing weaker and very drowsy. Beef tea, &c., continued, brandy increased.

Nov. 3rd, saw him again; found him much weaker, disease extending, pus escaping from around every tooth in the whole jaw, and in large quantity; removed more teeth; increased as much as possible the amount of nutriment and stimulant.

Nov. 8th, saw him again and found him apparently sinking. The quantity of discharge was full a pint in 24 hours, a thick yellow-greenish pus, feet and legs œdematous, pulse weak and ranging from 130 to 150. At about this time, three weeks from the onset of the pain, besides continuing the nutriment, &c., I gave him large doses of quinine, also gave him cod-liver oil. For the next three weeks I saw him twice a week (he lives over 20 miles from me or I should have visited him oftener) and during this time the discharge gradually became less, and he rallied in strength so that he was able to sit up for a short time every day.

Nov. 28th, Dr. Addison, of Farmersville, saw him with me, and we decided to remove all the teeth, hoping thereby to save the body of the bone, but soon after their removal (one was left) the gum fell from the bone. I then removed the greater portion of the alveola, when the condition of the body of the bone was discovered. The sloughing of the bone continued to go on rapidly. I then sent for Dr. Octavius Yates, of Kingston, who met me on the 24th Dec., when we removed the whole bone, cutting it in the mesial line and taking out first one and then the other side, and only requiring to use the handle of a scapel to separate the soft parts. No cutting was required, and only one or two teaspoonfuls of dark venous blood lost. By following, with the finger, the track left by the bone, the glenoid cavity could be distinctly felt, sound and free from disease. At the point of the chin a slight cartilaginous band could be felt, no doubt nature's commencing substitute for the jaw.

For some time there continued more or less œdema of the lower extremities, but it has now quite disappeared. The chin has contracted but very little while his cheeks are fuller than

formerly, and although his voice is changed his articulation is perfectly distinct. His gums, or what is left of them, are gradually becoming harder, and he now eats hashes, puddings, &c., to such an extent that he weighs 15 pounds more than his usual weight before he became ill.

The bone itself, but for one sound tooth which remains, would, at first sight, hardly be recognized. The surface of the bone only here and there is preserved, while the whole interior portion seems to be lost. The bone or rather the pieces may be seen, having been added to the Museum of the Royal College, Physicians and Surgeons, Kingston.

In conclusion, the question naturally arises, what was the cause of this rapid and complete destruction? No constitutional hereditary or acquired taint can be traced or found. No other part of the body was, or has yet, been affected. If left to itself (the supporting treatment excepted) the bone would probably have been thrown off or out, and thus furnish an example of spontaneous excision unheard of, (by me at all events) before meeting with this case.

Feb. 1871.

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## A CASE OF UTERINE POLYPUS.—OPERATION FOR REMOVAL.

BY WILLIAM C. CORSON, M.D., BRANTFORD, ONT.

On the 28th of July, 1870, I was requested by an elderly lady to visit her daughter, Mrs. H., who was on her way from Bay City, Michigan, to join her husband at Rochester, N. Y., and who had remained over at this place to make a short visit with her mother. I was given to understand that the patient was a confirmed invalid, but while here had become so much worse as to be unable to proceed on her journey. A leucorrhœal discharge, from which she was suffering, had become also so offensive, as to render her an object of disgust, not only to herself, but to all in the house; and it was under these circumstances that my advice was sought.

At my first visit, I found on enquiry that my patient had been out of health for the past three years, and for the past year and a half she had been under the care of a Homœopathic practitioner, who had



treated her for ulceration of the womb. She was 28 years of age, the mother of four children—two of whom were living; and she had once aborted, at the commencement of her ill health. She was moderately plump, though anæmic from the long continued drain upon her system; and she was so debilitated as to be able to take only the gentlest exercise. After learning a few other particulars of her case, I made a digital examination per vaginam, where there was felt projecting into the vagina a round, smooth growth, which when followed up was traced to the fundus uteri, where it was attached by a pedicle the size of the thumb. The mass completely filled and distended the uterus so far as to render its cavity one even continuous passage with the vagina. The speculum was then introduced, when a view of a portion of the tumor was obtained, and there was seen an explanation of the foetid discharge in a superficial slough on its lower end. To make “assurance doubly sure” as to the nature of the case, I introduced my hand up the vagina, and grasping the tumor, drew it into the external world for one-third its length. At this time there was a sero-sanguineous discharge, mixed with epithelium, so abundant as to require a continual changing of towels, and so offensive as to become intolerable.

Having satisfied myself as to the correctness of my diagnosis, the nature of the case was explained to the patient, and the immediate removal of the tumor was recommended—a proposition to which she readily assented; and the day following was appointed for the operation. Happening in the meantime to meet my friend, Dr. Henwood, of this town, I mentioned the case as one of unusual interest, when he expressed a desire to be present at the operation, and at the same time volunteered any necessary assistance, which was thankfully received. After considering the various procedures for the removal of uterine polypi, the operation by *écrasement* was selected as being less likely to be followed by either hæmorrhage or inflammation. Accordingly at the time appointed I proceeded to remove the tumor; but before beginning, at my request, Dr. Henwood made a vaginal examination, and concurred in the necessity for an operation. Accordingly the patient was placed upon a high, stout short cot, constructed after a design by Dr. J. C. Nott, of New York, for the purpose of speculum examinations, in which the feet are placed against a pin at the end of each rail, and the hips are drawn to the end of the cot, so that the patient is placed in something like the position for lithotomy. I then introduced one hand into the vagina, and taking hold of the tumor, drew it into the external world for nearly one-half its length, while

with the other hand the chain of the ecraseur was passed up till it encircled the pedunculated portion, and there held in position. Dr. H. then gave the requisite turns of the screw slowly, and in a few moments the pedicle was divided. Little or no pain was experienced, and the hæmorrhage which followed was comparatively trifling.

The after treatment consisted in keeping the patient in the recumbent position, and in daily washing out the uterus and vagina with a warm douche, to which a small quantity of permanganate of potash had been added. The patient in her weakened state had become nervous and wakeful, and for the past few months she had been in the habit of taking chloral hydrate at bed time for the purpose of procuring sleep, and always with good effect. This she was allowed to continue. Nothing unfavorable occurred in the further history of the case, and in a week she was able to sit up, the offensive discharge disappeared, appetite and spirits returned, and in two weeks from the time of the operation she had regained sufficient strength to proceed on her journey, which she accomplished in safety. Before leaving she was advised to take a course of iron to enrich her impoverished blood, and I have since learned from her mother that she continued to enjoy excellent health.

The tumor upon examination proved to be the size of a very large pear, which it resembled in shape. It belonged to the fibrous variety of polypi, which are true submucous fibroids. The most remarkable and instructive fact in the history of the present case is that at no time was there either menorrhagia or metrorrhagia, the menstrual function having been performed throughout with tolerable regularity as to time and never excessive in quantity.

Just as I am concluding these hastily written notes of this case, I am called to see the mother of my patient, and she informs me that Mrs. H. was delivered of a healthy child at Bay City, Michigan, on the 18th May—a circumstance which shows her excellent recovery, as she must have become pregnant almost immediately after the removal of the polypus.

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#### DEATH.

Dr. George Perks, of Port Hope, died on the 17th ult., from injuries received from his horse the evening previous. Deceased was a native of Stowbridge, Worcester county, England, and had been for twenty years an esteemed and useful resident of Port Hope.

## THE EXTERNAL TREATMENT OF SCARLATINA.

BY DR. J. MUIR, ANTWERP, N. Y.

(Concluded from page 497.)

To this letter—as also to the eager remonstrances of many other practitioners—Dr. Sweeting's only reply was that<sup>17</sup> “he could not understand how it was that those who advocate sponging of the body in Scarlatina should have so few deaths—in one instance no death occurring in 200 cases; in another 1 in 60; in another 1 in 30.” The only point, however, on which I joined issue with him was in reference to *warm* sponging. The major portion of his answer is taken up with deprecation of the *cold affusion*. I have already intimated that one is apt to hesitate about its adoption, if on no other ground than that of its general impracticability, though not a few, I am satisfied, would be deterred from apprehension of the effects of shock. While I give due weight to the assurances of reliable practitioners who have used it successfully, and do not feel disposed to question in the least the voice of authority otherwise in its favor, the proceeding has too heroic an aspect to be advisable frequently in private practice. For, the friends of patients immediately look grave and reluctant when the remotest hint is given of resorting to a measure so very energetic. There is also the certainty of popular condemnation if the case results unsatisfactorily; and this outside, unthinking, clamorous censure is a thing not easy to bear, and therefore not lightly to be excited. I have even encountered families who evinced a repugnance to the warm-bath, especially in the case of infants; but I have not yet experienced (or met a practitioner who had) the slightest difficulty in securing active and efficient aid in carrying out warm sponging. The statement made by Dr. Sweeting that every description of lavement caused death in the acute stage, or led to dropsy, is wholly unsupported. When pressed for illustrative cases, he has not even one to furnish, but takes refuge behind the cold affusion, in reference to which he no doubt felt certain of a generous measure of sympathy from many practitioners. That he may have seen “acute” cases prove fatal, and dropsical ones too, in which the warm

17. “The Treatment of Scarlatina,” (London *Lancet*, vol. 2, 1870, page 244,) by Richard Sweeting, M.D.

sponging, or other of the milder modes of surface water treatment was essayed, is probable enough; but that there was any connection—even the remotest—between the external applications and the untoward result, is a thing he does not even enter on the attempt to establish. What is claimed for the warm sponge or warm bath is simply this: the eruption being kept out well, all danger of suppression is avoided; the continued determination to the surface materially relieves the internal organs most liable to be assailed; the force of the fever is mitigated, and desquamation facilitated.

And now to consider the oleaginous section of our subject. Most of those who favor the use of water as an external application in Scarlatina approve of inunction. Flint<sup>18</sup> ascribes its origination to Schneemann, a German physician,<sup>19</sup> admits the efficacy of lard in allaying pruritus and diminishing febrile excitement; but he thinks as good results obtainable from the use of glycerine and rose-water, or glycerine and cologne. Dr. J. H. Tanner<sup>20</sup> advises “daily inunction of the entire surface with hot lard,” in the simple form, and in Scarlatina Anginosa; but in a purely prophylactic point of view has no faith in it. Dr. S. Jones Gee<sup>21</sup> suggests the patient should be greased “with mutton suet,”—affirming “it often brings comfort.” Dr. J. L. Ludlow<sup>22</sup> speaks of covering the whole body with lard, oil, or fat of bacon, as “a popular remedy in the fever. Dr. H. G. Knaggs<sup>23</sup> gives as the results of eleven months of experimental tests, that in febrile disturbances generally, and indeed in all disorders of childhood, accompanied by an unnatural state of the skin,—“smearing with salad oil slightly warmed,” is productive of almost instantaneous improvement in every case. Dr. W.

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18. A Treatise on the Principles and Practice of Medicine, by Austin Flint, M.D. 3rd Ed. Phila. H. C. Lea, 1868. Page 924.

19. A writer in the *London Lancet*, under date of Jan. 29th, 1870, claims for Sir James Simpson the merit of first recommending the smearing process. He says: “the beneficial effects of oil inunction were first observed by Sir James in the large woollen factories in the south of Scotland.”

20. An Index of Diseases and their Treatment, by Thos. Hawkes Tanner, M.D., F.L.S., M.R.C.P., &c., Phila., Lindsay & Blakiston, 1867, page 234.

21. “Article on Scarlet Fever” in Reynolds’ System of Medicine. By. S. Jones Gee, M.B., vol. 1, page 354.

22. Manual of Examinations, by J. L. Ludlow, A.M., M.D., Phila., Blanchard & Lea, 1860, page 421.

23. “Notes on Anointing in Infantile Disorders,” (*London Lancet*, vol. 1, 1870, page 114,) by H. Guard Knaggs, M.D., F.L.S.

Fergus<sup>24</sup> considers anointing with fatty substances not likely to benefit the patient much in the early stage of the disease; but is decidedly of the opinion that, to a certain extent, it may arrest the diffusion of separated cuticle. Drs. Budd and Prior<sup>25</sup> agree that anointing with camphor oil is "an excellent precaution." Dr. C. Lovegrove<sup>26</sup> refers to warm olive oil in scarlatinal enlargement of parotid gland as "invariably successful" in effecting diminution. Dr. Thomas Hiller,<sup>27</sup> of the London Hospital for sick children, says, "during convalescence, warm baths and anointing are useful." Dr. F. Smith<sup>28</sup> believes six parts of olive oil to one of carbolic acid will effectually destroy the vitality of the scarlatina germ "at the very moment of its making its appearance on the surface of the skin." Dr. David Gibb<sup>29</sup> adds carbolic acid also, to mutton suet, (in proportion of one to twenty,) and finds "this unctuous application to be soothing and refreshing." Dr. J. H. Bennett<sup>30</sup> states that excessive dryness of the skin is the indication for employing "oil or grease." A prolongation of the list I deem unnecessary. The practice has the endorsement of distinguished names enough to incline us to accept it without much hesitation, and the readers of the *Canada Lancet* will have noticed that in pressing its claims, (as also those of the warm sponge or bath,) that I have not relied on the routine teaching of the schools; but, for the most part, have given them, in the fewest possible words, the views and experience of reliable living practitioners in present active work. While very few, if any, claim for inunction the advantage of being prophylactic in the ordinary sense of the term, it is still preservative in so far as it enables us to isolate cases. What I

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24. "On Scarlatina," (*London Lancet*, vol. 2, 1869, page 702,) by Walter Fergus, M.D., Edin.

25. "A Contribution to the History of Scarlatina," (*London Lancet*, vol. 2, 1869, page 570,) by C. E. Prior, M.D., F.R.C.S.

26. "Scarlatina, with Hemorrhage," (*Ibid*, vol. 1, 1870, page 729,) by C. Lovegrove, M.D.

27. *Diseases of Children*, by Thomas Hiller, M.D., Lond., Phila., Lindsay & Blakiston, 1868.

28. "Carbolic Acid Oil in Scarlatina," (*London Lancet*, vol. 2, 1869, page 762,) by Fred Smith, M.D.

29. "Carbolic Acid Oil in Scarlatina," &c., (*Ibid*, vol. 2, 1869, page 830,) by David Gibb, M.D.

30. "The Therapeutic Value of Oil and Water in the treatment of Skin Diseases," (*The Practitioner*, vol. 1, 1868, page 211,) by J. H. Bennett, M.D., F.R.S.E.

desire to carry is this, by anointing a person with any fatty preparation whatever, we cannot render him invulnerable in a conflict with the morbid principle of Scarlet Fever. He is just as susceptible and as likely to yield to the power of contagion as before; but, by smearing a patient already attacked, we may, to some extent, prevent the spread of the disease to other parties. And the theory on which this expectation is based, is plausible enough. We are told<sup>31</sup> that patients do not cease to be contagious until every particle of the natural formites, (the epithelial scales,) has been removed. Dr. Gee<sup>32</sup> asserts that "under ordinary circumstances, these scales are all but permanently contagious,—which explains the tenacity with which the danger clings to materials of any but the closest texture. Uncovering a scarlet fever patient in the direct rays of the sun, a cloud of fine dust may be seen to rise from the body; contagious dust, which, no doubt, subsides into every crevice near the bed." Efficient inunction, intelligently pursued, retains in position, for the time being, not only the infectious excreta from the skin, but the minute particles of dislodged cuticle as well, which form the "contagious dust," of Dr. Gee,—to be removed, at regularly arranged periods, by the warm sponge or bath. There can be no doubt that the danger of communication is very much lessened by these alternate oilings and cleansings; and one can therefore readily credit the assertion that families, who rigidly carry out the treatment of a first case, are not very liable to have a second member prostrated. Indeed, I fully realized this fact in the thirty cases mentioned in my communication to the *London Lancet*.

To sum up then. The application of warm lard or other fatty substance to the surface of the body in Scarlatina is found to be "soothing," "comforting," even "exhilarating;" it assists in restoring a healthy action of the skin, and allays the pruritus from which so many patients suffer excessively; it affords the protection from atmospheric changes which an abnormally sensitive condition so much requires; it undoubtedly assists in the arrest of tissue waste; and, in conjunction with the water treatment, is valuable as a means of preventing the spread of the disease.

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31. Reynold's System of Medicine, vol. 1, page 333.

32. *Ibid*, page 334.

In the paper just closed, I have endeavoured to be as exhaustive of the subject as time, opportunity, and the limited space at my disposal, would admit of. I will be much pleased indeed if my somewhat hurried, and consequently imperfect effort, elicits corroborative testimony in favor of the external treatment advocated, from any of the subscribers to the *Canada Lancet*.\*

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## FEMALE MEDICAL STUDENTS.

(From our Edinburgh Correspondent.)

As I believe at present, there is no college in Canada in which women are admitted to the study of medicine, it may interest some of your readers to hear a little about the female students of this city.

In the autumn of 1869 the Edinburgh University decided to admit women to the study of medicine, in separate classes, confined entirely to women, under certain conditions, as follows :

1. Women shall be admitted to the study of medicine in the University, in separate classes, confined entirely to women.

2. The professors of the University of the Faculty of Medicine shall for this purpose be permitted to have separate classes for women.

3. In the event of the number of women proposing to attend such classes being too small to provide a reasonable remuneration it shall be in the power of the professor to make arrangements for a higher fee, subject to the usual sanction of the University Court.

After this was passed through the University Court the ladies found great difficulty in obtaining the sanction of a number of the professors to attend their classes, the majority not being willing to give them separate lectures, so that although they had matriculated as students, they could not obtain a complete staff of lecturers. But they also would be obliged to attend a hospital, with the requisite number of beds. In this there was great difficulty, as the Royal Infirmary was the only recognised place. The male students attending the Infirmary then got up a petition, which was signed by upwards of three hundred of them, to this effect, viz : That female students of medicine

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\* Errata in first portion : at page 494, sixth line from top, read "and" for "but;" and page 495, sixth line from bottom, read "ataxic" for "atoxic."

should not be admitted to the wards of that institution between the hours of 12 noon and 2 p.m., that being the time during which they attended, and received their clinical instruction. And although many meetings had been held for the purpose of discussing the propriety of admitting the ladies to the clinical teaching in the Royal Infirmary, and even after new managers were elected, they decided against their admission. It was at one of these meetings, when the above mentioned petition was brought before the managers, that Miss Jex-Blake spoke of the ungentlemanly conduct and foul language used towards them by an assistant of one of the professors during a disturbance which took place in November last, at the Surgeons' Hall, which has ultimately led to the recent action against her by that assistant for defamation of character, and of which I will hereafter take notice.

The plan of the ladies now was to try and get two hospitals, which together would make up the number of beds, and for this purpose they sought admission to Leith Hospital and Chalmer's Hospital. The former place however objected to the arrangement, and they next proposed to combine the Royal Hospital for Sick Children with Chalmer's, and both have thought it inexpedient to admit them, at least while the ladies have not yet a complete number of lecturers. The medical school of the College of Surgeons did admit them to the classes, (with the male students) but I have the best authority for stating that they intend to do so no longer. Even some lecturers who at first were strong supporters of the ladies are now opposed to them.

Many people of wealth and position are said to support their views, and the means at the disposal of the lady students is apparently great, as it is reported that it is their intention to erect or lease a building of a similar size, to accommodate a sufficient number of patients. As they will be unable next session to obtain instruction from the professors of the University or the College of Surgeons, their position is rather a difficult one. Subscribers to the Royal Infirmary who favour their admission, are in a rather curious manner, showing their dissatisfaction, if we may judge from some letters which appeared in the daily papers, stating that if the managers still refused to admit them, the subscriptions of these would be withdrawn, thinking, evidently, by so doing, that they would be obliged to admit them. On the other hand the subscribers, who are against the ladies, could use the same argument, but much more effectually, on account of their number.



The trial of Miss Jex-Blake took place last week. The Court-room was crowded, the number of ladies being quite as great if not greater than that of gentlemen present. Most of the female students were also there, numbering about a dozen. At a meeting of the managers of the Royal Infirmary, when the question of admitting ladies was discussed, Miss Jex-Blake said that Professor Christison's class-assistant was one of the leaders of the disturbance before mentioned, and had used foul language towards them, which could only be excused on the supposition that he was intoxicated. It was this speech of hers which led to the action, which occupied the Court for two days. Miss Jex-Blake did not make any apology, or withdraw any part of her statement.

Very many witnesses were examined on either side. The counsel for Miss Jex-Blake did not try to prove what she had said to be true, it was therefore taken for granted that she allowed it was false. The witnesses all having been examined, the jury retired for about an hour, when they unanimously agreed in rendering the verdict against the lady, and awarding the gentleman one farthing damages. This carries with it the expenses of the action, which amount, I believe, to about a thousand pounds.

F. R. S.

*Edinburgh, June 7th, 1871.*

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## CORRESPONDENCE.

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(To the Editor of the Canada Lancet.)

DEAR SIR,—For the information of others as well as myself that are striving to attain to as high medical proficiency as possible, practically as well as theoretically, I would ask what are the privileges that should be accorded in the office of a medical practitioner to students that have attended one or more sessions at College, and also to those that have not yet attended College? I am sorry to say that it is too often the practice with medical men who have students under instruction, to make mere tools of them in place of instructing them practically as they should. The little instruction we receive in a doctor's office (except to do errands and keep the office clean) conveys to our minds the idea that they are afraid to make us acquainted with those valu-

able practical hints which they are in possession of, for fear that at some future time we may attain to a higher degree of proficiency in medicine than they are capable of attaining to themselves. At the College we receive the theory, and in a doctor's office we are supposed to acquire a practical knowledge of medicine. We may be ever so well up in theory, but what will it avail us if we know not how to use it to a practical purpose. Hoping, Mr. Editor, you will bear with me for wishing to have this and the information required occupy a space in the columns of your valuable journal,

I remain,

Yours respectfully,

MED. STUDENT.

June 21st. '71.

[It is a very difficult matter for *us* to say what privileges should be afforded students in the office of medical practitioners, as so much must necessarily depend on the arrangements made between the contracting parties. We think however as a general rule, that medical men who take students under their care should lose no opportunity of giving them information, both practically and theoretically, of such nature and extent as their practice will enable them. All medical men are not equally capable of imparting instruction, and some are exceedingly careless, therefore it behooves the medical student if he would consult his own interest, to be very careful in the selection of his preceptor.—ED.]


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#### APPOINTMENTS.

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Dr. Covernton, of Simcoe, President of the College of Physicians and Surgeons of Ontario, has been appointed to Dr. Bovell's chair on the Medical Staff of Trinity College, Toronto.

Dr. Kennedy, of Chatsworth, near Owen Sound, has been appointed to the chair of Anatomy in Victoria College, vacated by Dr. Mullin.

 Dr. Barrick has been elected Treasurer of the Medical Faculty of Victoria College, in place of Dr. J. H. Sangster, late of the Normal School, who has resigned his position in Victoria College.

Dr. Pyne, of Hagersville, has been appointed associate Coroner for the County of Haldimand.

Dr. W. S. Christoe, of Flesherton, has been appointed associate Coroner for the County of Grey.

# The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

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*Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto*

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TORONTO, AUGUST 1, 1871.

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## THE NEW REMEDY FOR CANCER.

Cundurango, the new remedy for cancer, has, it is said, proved successful in all cases in which it has been tried. The demand for it has been so large that the supply in possession of the United States Government has been exhausted. It is the bark of a tree which grows in Peru and Equador, South America.

Dr. D. W. Bliss, of Washington, D. C., who has had the best opportunities for trying this remedy, says, in a letter to Dr. G. H. Bixby published in the *Gynecological Journal* for July, that the cases of carcinoma which he was treating with the Cundurango Bark were rapidly improving. Two were cancers of the breast, in both of which there were secondary deposits, one in the neck, shoulder and arm, the other axillary and submental. The secondary deposits subsided under treatment, and the mammae became soft and assumed their normal color and elasticity. In a case of carcinoma uteri *in extremis* the pain subsided, the discharge became less offensive and changed its character from a thin watery "prune juice" discharge to a purulent and more healthy condition, the tongue cleaned, and became less red, appetite returned; painful micturition subsided and the patient really became convalescent.

The Dr. believes he is *not mistaken* in regard to the effects of this remedy, and at a later date writes that he has daily additional evidence of the reliability of the remedy in malignant diseases, and can safely risk his reputation upon

the result of its general use. From the reports of Dr. Bliss and others, there is much reason to hope that this remedy may prove an inestimable blessing to suffering humanity. It seems to have some specific effect upon cancer and syphilis and is worthy of a more extended trial. We will endeavour to obtain some of the Bark if we possibly can at an early date, and we will have abundant opportunities of testing its value under our own supervision.

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### HONORS TO PROFESSOR CHRISTISON OF EDINBURGH.

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At a meeting of the Senators of the University, a Bust of Prof. Christison was presented to that body, and a *replica* of the same to the members of Prof. Christison's family. A great number of his personal friends were present on the occasion, together with his colleagues and friends of the University. The list of contributors to the fund for the above purpose embraces the names of the entire body of the *Senatus Academicus*, almost every member of the University Court, and medical members of the University Council, and the members of the general Medical Council of Great Britain. The Bust was executed by Mr. Brodie, and is said to be an admirable likeness of the worthy Professor, and has the advantage of being executed while he is still in full vigour and vitality amongst them. His family was represented by only one of his sons. He has three sons: one in England, but unavoidably absent; another in India occupying a position somewhat similar to his father's in a medical college in Agra; the third—the youngest—was present at the presentation. This is the second bust of a living man now in the University. The former was the bust of His Royal Highness, the Duke of Edinburgh.

The *replica*, accompanied by the list of subscribers, was presented to Mr. John Christison—the youngest son—who was present on behalf of the family.

Prof. Christison has held a prominent place in the University for the long period of forty-nine years, during which he has filled two chairs in succession. His reputation is not confined to his academic honors: there are few branches of science or of

intellect in which his name is not honorably distinguished. He at present holds the proud position of President of the Royal Society. His services to the University with which he has been so long connected have not been over estimated. His example of manly virtue, his scientific calmness, his varied accomplishments, have not been without their influence on the moral, social, and intellectual well-being of those with whom he has come into contact, both as colleagues and pupils. His whole life has been characterized by all those qualities which make up a highminded gentleman.

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### ONTARIO COLLEGE OF PHARMACY.

The Pharmaceutical Society which has been in operation for some time past, was supplanted on the 1st ult. by the Ontario College of Pharmacy. At a meeting of the former society held prior to the organization of the new college the following appropriations were made to the retiring officers:—Corresponding Secretary \$100; Recording Secretary \$100; former Corresponding Secretary \$25. After the debts of the society were paid the sum of \$403,85 was handed over to the new organization. For the future a rigid supervision will be exercised over all who dispense drugs.

The first meeting of the examiners appointed by the council of the Ontario College of Pharmacy, will be held on the 2nd Inst., for the examination of candidates and granting certificates to act as Chemists and Druggists in the Province of Ontario.

We congratulate the College on the favorable auspices under which it has been inaugurated, and trust that it may have a long career of usefulness to the profession and the public.

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### QUACKERY.

The following advertisement clipped from the *Oshawa Vindicator* was sent us for publication in the *Lancet*. We most unhesitatingly comply with the request as we feel it our duty to expose such miserable quackery wherever we find it to exist, without respect to persons. We confess our surprise that Dr. Martin who is a practitioner of several years' standing should

adopt such a course of procedure. If he is half as talented as he represents himself to be there is no need of such tremendous puffing.—*Ed.*

"Below we give further testimonials to the skill of Dr. Martin, of Port Perry. The doctor is proving very successful in his practice, especially in his specialities. The doctor's practice is not limited to Port Perry, but extends far and wide. Skill is appreciated and will obtain its reward.—*Oshawa Vindicator.*

The inhabitants of this section of country have reason to congratulate themselves on the acquisition of a very important addition to their medical staff in the person of Dr. Martin, late of Lindsay, so well and favorably known as a most skilful and successful practitioner. There is certainly nothing more desirable in a community than a skilful faithful physician. A wrong step, a blunder in any other profession or calling may be retrieved but in this it is fatal. The sickly patient delivers himself with child-like confidence (and he ought to do so) into the hands of his medical adviser and —under Providence—the future health and even life of the former depends upon the faithfulness and skill of the latter. "All that a man hath will he give for his life; consequently there can be no more important acquisition to a community than a thoroughly trained and skilful physician. Dr. Martin's record is a capital one.—*Ontario Observer.*

DR. MARTIN.—As will be seen by his card in another column, Dr. Martin has returned from New York laden with honors, and taken up his residence at Port Perry for the practice of his profession.—Besides being a graduate of a Canadian University, Dr. M. now appears before the public as a graduate of Bellevue Hospital Medical College, New York, of the Eye and Ear Infirmary, in general and orthopœdic surgery, and special graduate for diseases of the chest. The doctor's numerous friends in town and country will regret to learn that he has left Lindsay and will envy Port Perry the presence of one now better qualified than ever to treat successfully the various ills that "flesh is heir to." We have no doubt in Dr. M's. new sphere he will speedily be in possession of a large and lucrative practice, and would cordially recommend him to any of our friends in Port Perry who may require the services of a thoroughly qualified medical adviser.—*Lindsay Post.*

A VALUABLE REPUTATION.—To no other class of the community is a professional reputation of so much importance as it is to the medical practitioner, and in no profession is there as great a difficulty in building up a sound professional reputation as there is in the medical profession. The reputation of a medical man cannot be the result of accident, it can only be secured by perseverance, intelligence and skill. It is, however, a something

worth contending for, not so much for the peculiar advantages, which it secures to the practitioner, as for the general good of the community amongst whom he resides. A physician who has won his spurs, who has succeeded through a long and successful career in thoroughly establishing his reputation, is justly regarded as one of the chief blessings and most important requisites to a prosperous community. For a patient to have full confidence in the reliability of his medical adviser is half the battle. When we know that we are in the hands of one thoroughly up in his profession we give ourselves unreservedly into his hands and unhesitatingly allow him to steer us through the intricacies and dangers of the disease. On the other hand, should we fall into the hands of an unskilful or even doubtful guide, we follow his advice with the worst possible grace—shutting our eyes and opening our mouths, and follow our own whims, or those of some one else, with about as much confidence as we do that of our medical adviser, until we have ruined our constitutions if not sacrificed our lives. When the wheels of life begin to clog, or the harp of a thousand strings gets out of tune, no greater comfort can be afforded the suffering than the knowledge of the fact that a skilful physician is at hand. We are not at all surprised that the several communities amongst whom Dr. Martin has practised his profession should congratulate the community in and around Port Perry on their good fortune in having him locate among them.”—*Ontario Observer*.

DR. MARTIN.—The advent of this gentleman to Port Perry, who is already securing a large and lucrative practice, has been the subject of considerable comment by the press of this County. The following quotations in addition to those already given, are highly flattering, and withal no more than ‘honor to whom honor is due.’ Our readers will not be slow to recognize real merit, and to profit by its advantages. A word to the wise is sufficient.—*Port Perry Standard*.

we would call the attention of our readers to the card of Dr. Martin of Port Perry, which appears in this issue. The Doctor’s reputation as a skilful and successful practitioner is so well known throughout all this section of country that he requires no special recommendation from us. For fifteen years and upwards, first in Manilla and latterly at Lindsay, Dr. Martin has conducted one of the most extensive and successful practices ever conducted in this section of country. His opportunities of acquiring a thorough knowledge of his profession have been the very best. Besides undergoing a complete course of training in Canada he spent two years during the war as acting surgeon in the American army, and he has just now returned from New York, where he has been spending the winter at Bellevue Hospital Medical College, and other institutions, so as to be fully up to the times in the scientific treatment of disease. We anticipate for the doctor a successful career in Port Perry.—*Cannington Gleaner*.

### BOARDING AND DAY SCHOOL.

We have been requested to state that Mrs. Dr. Rolph (widow of the late Hon. Dr. Rolph) purposes opening a boarding and day school in Toronto, and will be glad to receive a limited number of young ladies as pupils.

Competent English governesses have been carefully selected, and the attendance of the best masters will be secured.

The first term will commence on Tuesday, the 5th of Sept., 1871. For Circular and particulars address Box 1368, Toronto.

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We regret to announce the death of Ogle R. G. Buchanan, M. D. of this city, from Inflammation of the Lungs. He died on the 11th June, after a short but severe illness. Dr. Buchanan was a graduate of Victoria College, (1867), and has since practiced medicine in this city with considerable success. His funeral took place on the 13th June, and was largely attended. He also leaves a young wife and child to mourn his untimely loss.

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### BOOK NOTICES.

A Treatise on the Diseases of Infancy and Childhood, by Thos. Hawkes Tanner, M.D., F.L.S., author of Practice of Medicine, &c. Third American from the last London Edition revised and enlarged. Philadelphia: Lindsay & Blakiston. Toronto: Copp, Clark & Co. Price \$3.50.

The present edition of this popular work has been enlarged to 550 pages, by the addition of much new and valuable matter. The work of revision and enlargement has been entrusted to Alfred Meadows, M.D., London, and the care and attention which he has bestowed upon it greatly enhances the value of the book as a work of reference. Some very important changes have been made in the arrangement of subjects, and the appendix of formulæ has been enlarged and re-arranged. The revisor lays great stress upon the particular Diatheses of Children, and the importance of its bearing in regard to Therapeutics and treatment.

This work fairly represents the present state of our knowledge of this department of medicine, and should be in the hands of every reading physician in the country.



## BOOKS AND PAMPHLETS RECEIVED.

The report of the medical superintendent of the Rockwood Lunatic Asylum has come to hand. It is a very able report and contains much valuable statistical and other information.

The Medical Superintendent, Dr. Dickson, strongly advises the separation of the asylum from the penitentiary with which it has been so long connected, and it is exceedingly desirable that this should be done as early as possible. It is a very great mistake, this mingling of insane convicts with the non-criminal class.

The Dr. refers to the defective state of the heating apparatus, and recommends an improvement in this respect. He also complains of the imperfect ventilation of the building; and insists upon the carrying out of a plan submitted by him in his last annual report which, he feels confident, would obviate the difficulty.

A comparative statement is given of the annual cost of maintenance of each patient in the different asylums of the Province, which is as follows:—

Provincial Asylum, Toronto.....	\$200 00
London Asylum.....	167 69
Rockwood Asylum.....	143 00

With regard to the subject of amusements for the insane, which is considered so valuable in the treatment of this class of patients, he states that sacred music is the only entertainment he has been able to afford them. This is really an important matter and should have the immediate attention of the Commissioners.

We have also received the 13th Annual Report of the Medical Superintendent of the Provincial Hospital, Halifax. The most pressing want in regard to this valuable institution is, according to the report of Dr. De Wolf, the Medical superintendent, the want of room, and he strongly urges the immediate completion of the Hospital.

The patients appear to have been well treated in the way of sleigh drives, steamboat excursions, theatricals, concerts, &c., and the heart of many a poor soul gladdened. Most managers bear testimony to the good effects of such kindness in the treatment and management of insane patients.

The Dr. also expresses his thanks for the kindness of the Commissioners in giving him leave of absence to attend the convention of Superintendents of Insane Asylums at Hartford, Conn., and also for permission to accept a professorship in Dalhousie Medical College.

The report is carefully prepared and contains a large amount of useful information to those interested.

## Professor Croft's Report.

Two years ago we began to import pure light wines direct from the vineyards of the south of France believing that both in price and quality they would be well adapted for consumption in Canada. The result has surpassed our expectations, and the demand has been such as to tax all our energies for its supply.

As a considerable portion of this demand has arisen from the adoption of these wines by medical men in their professional practice, and their consequently extended use by invalids and delicate persons, it has been suggested to us that a careful analysis of those brands most used, and especially the cheaper ones, would be useful, to show the various proportions of the main constituent parts of each description, so that, in every case, the wine most suited to the requirements of the consumer might be selected.

Professor Croft, of the Toronto University, has kindly made this analysis for us, and we annex his report with the chemical results given in a tabulated form. The higher priced and better known wines, being more articles of fashion and luxury, have not been included in this table as their number would make it too cumbersome for easy reference.

QUETTON ST. GEORGE & CO.,

Wine Merchants,

34 King Street East, Toronto.

UNIVERSITY COLLEGE, April 25th, 1871.

GENTLEMEN,—I have taken considerable interest in the examination of the Roussillon and other wines of your importing, on account of their being of a character so much superior to what I expected. I have tested them by the processes of Chevallier, Jacob, Vogel and Esenbeck, and in all cases have proved them to be pure and unadulterated wines. The following table will show the relative strengths, as regards solid matter, alcohol, alkaline salt and acid, the latter being calculated per gallon. The alkaline matter is the ordinary wine salt or cream of tartar—bitartrate of potash. The determination of the quantity of astringent matter does not seem to be possible, but its relative proportion can be easily distinguished by taste. The Roussillon wines and Masdeu and some vins d'ordinaire have a good deal of it, while in the Alicante it is scarcely perceptible. The Masdeu has the greatest alcoholic strength of all these wines, and the Alicante most saccharine matter.

NAME.		Specific Gravity.	Absolute Alcohol by weight.	Solid Matter, Sugar, &c.	Ash.	Acidity per gallon.
Roussillon Vin Rouge .....	\$1.00 per gal.	1.012	12.17	7.50	0.50	468
Roussillon Port, No. 1 .....	2.00	1.018	14.86	9.10	0.80	435
Roussillon Port, No. 2 .....	1.50	1.031	12.29	13.50	1.25	462
Alicante .....	2.00	1.033	15.47	14.25	0.30	339
Masdeu .....	2.00	1.007	17.22	10.20	0.40	457
Catalonian Port .....	1.50	0.997	10.24	4.38	0.63	366
Vin d'ordinaire (Lansade) ..	3.00 per doz.	0.998	8.33	2.07	0.40	621
Vin d'ordinaire du Midi (brown label) .....	3.50	0.997	10.78	3.06	0.30	629
Vin d'ordinaire (white label)	2.50	0.995	8.83	2.04	0.31	630
French Sherry, or Vin blanc d'ordinaire .....	1.50 per gal.	0.999	15.60	5.07	0.20	317
Vin de Graves .....	4.00 per doz.	0.991	9.66	2.01	0.21	350

The proportion of alcohol calculated as proof spirit would be about double that of the alcohol given in this table.

Yours truly,

HENRY CROFT.

MESSRS QUETTON ST. GEORGE & CO.

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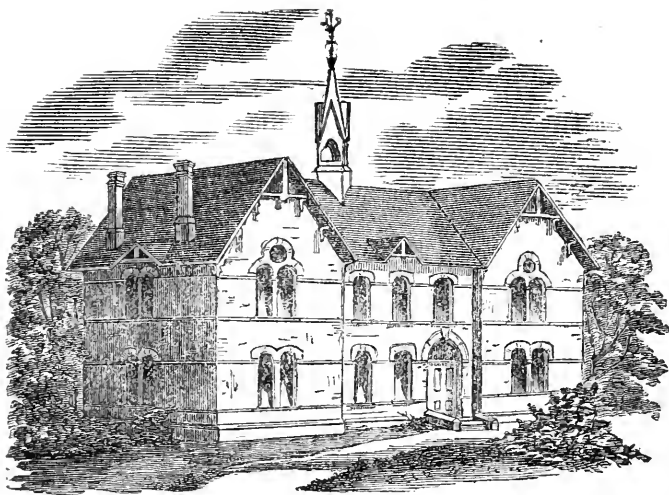
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# TRINITY COLLEGE MEDICAL SCHOOL.

(INCORPORATED BY ROYAL CHARTER.)

## WINTER SESSION, 1871-72.

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Lectures will commence on the 2nd of October, and continue for six months. Lectures on Clinical Medicine, Surgery and Obstetrics, will be delivered by members of the staff, at the Toronto General and Lying-in-Hospitals.

For further information, apply to

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